



GRANT APPLICATION

1. Applicant Organization

Name

Address

City, State, ZIP

Main Telephone

IRS Tax Identification Number

Organization Type:

Non Profit

Government

School

Business

Other (describe)

Total Annual Budget

2. Project Details

Project Title

Geographic Area Served

Project Contact

Contact Title

Contact Telephone

Contact E-mail

Project Funding Period: Start Date (mm/dd/yy)

End Date (mm/dd/yy)

Total Project Budget:

Amount Requested:

3. Required Signature – Applicant Board Chair or designee

I certify that our organization does not discriminate in its leadership, staffing, or service on the basis of age, gender, race, ethnicity, sexual orientation, disability, national origin, political affiliation, or religious belief.

Signature _____

Name

Title

YES _____ NO _____ APPROVED BY ORGANIZATION'S GOVERNING BOARD (IF APPLICABLE)