



GRANT APPLICATION

Legal Name of your Non-Profit Organization _____

Address _____ City / State / Zip Code _____

Authorized Contact Person _____ Title _____

Phone _____ Email _____

Type of Organization _____ Year Founded _____

Total Current Operating Budget _____ Primary Source of Funds _____

Total Project Cost _____ Number of People Served by Project _____

Project Time Period _____ Geographic Area Served _____

Source of Other Funds to Support Project _____

Grant Amount Request _____

Short Summary of the Project and Grant Request (attached additional sheet(s) if needed):

Signature of Contact Person

Date