



Organization Name:

Website:

Organization Information

Year Founded:

Mission Statement:

Geographic Area Served:

501(c)(3) ID:

Fiscal agent/fiscal sponsor

Audited Financials

Amount Requested:

Purpose:

POPULATIONS SERVED: *(Check all that apply)*

Children

Teens

Adults

Elderly

Underserved

PROGRAM AREA: *(Check all that apply)*

Health

Education

Arts

Emergency Services

GRANT IMPACT:



1. BACKGROUND:

2. PROGRAMS:

3. ORGANIZATION ANNUAL BUDGET: \$ *(Please attach)*

4. GRANT BUDGET: \$ *(Please attach)*

5. ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH OUR GRANTS COMMITTEE:

CONTACT INFORMATION:

NAME:

TITLE:

EMAIL:

PHONE:

ADDRESS:

CITY/ST/ZIP: