



Organization Name:

Website:

Organization Information

Year Founded:

Mission Statement:

Geographic Area Served:

501(c)(3)    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:**