

Competitive Grant

APPLICATION FORM



ABOUT THE APPLICANT

All of the information on this page pertains to the eligible organization that is applying for the grant and accepting responsibility for all funds received.

Organization Legal Name _____
(Should be the same as on the IRS 501 (c) (3) determination letters and Articles of Incorporation or other organizational document.)

Year Organization Founded _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Ext _____

Fax _____ Email _____

Web Address _____

Chief Executive Officer _____

Telephone _____ Ext _____

SIGNATURE OF AUTHORIZED PERSON

My signature certifies that the organization named above has tax exemption under Internal Revenue Service Code Section 501 (c) (3) and is classified as "not a private foundation" as defined under Section 509 (a). My signature is made as one who is authorized to do so on behalf of the applying organization

Approval of President, Chief Executive Officer or Board Chair

Title _____ Date _____

ABOUT THE PROPOSED PROGRAM

The information in this section pertains to the program for which funding is requested.

Program Title _____

Beginning and ending dates of grant period _____

Program director's name _____

Title _____ Phone _____

Address _____

City _____ State _____ Zip _____

Fax _____ Email _____

FUNDING REQUEST SUMMARY

What is the total cost of the program? \$ _____

What amount (if any) of the total cost has been funded by other sources (examples: government agencies, other private foundations, businesses, individuals)? If any, please list sources and amounts.

_____ \$ _____
_____ \$ _____
_____ \$ _____

Other funding source(s) total: \$ _____

What amount (if any) of the total cost is under consideration by other sources? If any, please list sources and amount.

_____ \$ _____
_____ \$ _____
_____ \$ _____

Potential funding source(s) total: \$ _____

What amount (if any) is the applicant contributing? \$ _____

What is the total amount being requested from the Fund? \$ _____

Over how many years are you requesting the grant? _____

If your program is to continue beyond the grant period, what are your plans for funding the program upon expiration of this grant? _____

