

Technical Assistance 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 _____ Fax _____

Web Address _____ Email _____

Staff Size _____ Operating Budget _____

On a separate sheet, please answer the following questions:

1. What is the specific need you wish to address?
2. How will the funds be used?
3. What are the long- and short-term benefits you hope to experience as a result of this activity?

Include a one-page line-item budget of proposed expenses, details of any proposed equipment purchases, and credentials of any trainers and/or consultants being considered.

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.

Name _____

Title _____ Date _____

Approval of President, Chief Executive Officer, Board Chair, Bishop, or Church Official