
GRANT APPLICATION FORM

Date: _____

Name of Organization: _____

Address: _____

Contact Person:

Phone: _____

E-mail: _____

Website: _____

- Focus of Organization:**
- Health issues
 - Infants, Children & Youth
 - Serving economically disadvantaged individuals experiencing personal crises

Name of Project/Program: _____

Purpose of Grant: _____

Amount Requested: \$ _____

- Requesting funds for:**
- General operating support
 - Program development/support
 - Building renovation
 - Capital campaigns
 - Equipment
 - Scholarship funds

- Attachments Required:**
- 501(c)(3) IRS Letter
 - Financial Statements (for past 2 years)
 - Current interim financial statement
 - IRS Form 990 with schedules
 - Organization Budget
 - Project/Program Budget
 - List of Board of Directors & affiliations