



**GRANT APPLICATION**

**Organization Name:**

**Website:**

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**Organization Information**

**Year Founded:**

**Mission Statement:**

**Geographic Area Served:**

**501(c)(3) EIN:** \_\_\_\_\_ **Year of last Audited Financials** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Purpose:**

**PROGRAM AREA: (Check all that apply)**

- Health    Education    Arts    Emergency Services

**MEASUREABLE  
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:**

**CONTACT INFORMATION:**

**NAME:**

**TITLE:**

**EMAIL:**

**PHONE:**

**ADDRESS:**

**CITY/ST/ZIP:**