Organization Name:

Website:

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: