



Grant Application Form

Application Date: _____

Please submit a 501(c)(3) letter with your application.

Grant Applicant Information

APPLICANT'S NAME / LEGAL NAME OF ORGANIZATION	EMAIL OF PRIMARY CONTACT
EXECUTIVE DIRECTOR	COMPANY PRESIDENT
WEBSITE ADDRESS (IF APPLICABLE)	STREET ADDRESS
PHONE	CITY, STATE, ZIP

Grant Amount Requested: _____

Briefly describe your project or program: _____

FOR OFFICE USE ONLY

GRANT AWARDED

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> PRODUCT / ITEM <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	
AMOUNT / DESCRIPTION	DATE
NOTES	