



GRANT APPLICATION FORM

The committee is dedicated to objectively reviewing each request in a timely manner. Please be apprised that the process is greatly hindered if there is a lack of information. Therefore, the form must be completed in its entirety. If additional space is needed, questions may be answered in an attached document; however, please be sure all questions are answered.

Organization Name:		Contact Name, email and phone:		
General Description of organization:				
Organization Address:		City:	State:	Zip:
Amount Requested:		Date Needed:		
Summary of Use:				
How does your request add to the Foundation's mission?				
Does organization have 501 (c) status? <input type="checkbox"/> YES <input type="checkbox"/> NO				
* Please note – Submissions that do not include a description of the organization and/or grand request may be automatically rejected without review.				

FOR COMMITTEE USE ONLY		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Letter Sent	Date:	Notes: