



## GRANT APPLICATION

### ORGANIZATION INFORMATION

Organization's Legal Name: \_\_\_\_\_

Year Organized/Established: \_\_\_\_\_ Number of Paid Staff: \_\_\_\_\_

If organization is affiliated with a national or local organization please explain relationship:

\_\_\_\_\_

Employer Tax ID # \_\_\_\_\_ Are you a 501(c)(3) ? \_\_\_\_\_

Executive Director/CEO: \_\_\_\_\_ Since \_\_\_\_\_

Mail Address: \_\_\_\_\_ Phone \_\_\_\_\_

City/State: \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Organizations mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Application: \_\_\_\_\_

**PROJECT INFORMATION**

Project Title: \_\_\_\_\_

Lead Staff Person: \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Narrative:** Describe the central issue or purpose of your grant request. Include background, hypothesis, goals and objectives, strategies to be implemented, methods of data collection and analysis, evaluation plan, personnel credentials, citations of support. If your project is ongoing, address how project will secure funding in the future. If it is one time, describe the impact it will have. Be sure to include number of people to be served and geographic area where applicable.

*Suggested length of narrative: 3 – 5 pages.*

**Outcomes:** On a separate sheet describe the anticipated outcomes and/or community benefits that will be realized through this funding.

*Suggested length: 2 additional pages*

**Amount requested:** \$ \_\_\_\_\_

Have you received, or do you expect to receive, funding from another source for this project? \_\_\_ yes  
\_\_\_ no. If yes, how will it impact this request? \_\_\_\_\_

Do you plan to submit additional applications to other funding sources? \_\_\_ yes \_\_\_ no

Is partial funding an option? \_\_\_\_\_

Have you applied for funding before? \_\_\_\_\_ When? \_\_\_\_\_ Did you receive funding? \_\_\_Y \_\_\_N  
Indicate previous amount received: \_\_\_\_\_ For \_\_\_\_\_



**AUTHORIZATION**

I, \_\_\_\_\_, do attest that the information contained in this application  
is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

Please have your CEO, Executive Director or Senior Staff Person sign off on this application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

Note: Letters of support are welcome. Letters of support are essential when collaborating.