

# 2015 CHARITY GRANT APPLICATION

## INFORMATION

Name of Organization:

Phone Number:

Contact Name:

Address:

City:

State:

ZIP Code:

Website:

501 (C) 3 Number:

Requested Grant Amount:

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Year Organization was founded:

Number of Full Time Employees:

Number of Volunteers:

## ORGANIZATION TYPE

Which best categorizes the purpose of your organization?

Health and Nutrition  
 Literacy/Education  
 Neighborhood Development  
 Hunger  
 Homelessness  
 Youth Services  
 Senior Services  
 Domestic Violence  
 Human Trafficking  
 Other: Please describe

## ORGANIZATION MISSION

What is the mission of your organization:

## GRANT EXPLANATION

If awarded, how would you use the funds from this grant within the next 12 months:

Estimated number of people who will directly benefit from this grant:

## REFERENCES

Name

Address

Phone

## ACCOMPANYING DOCUMENTATION

Application must be submitted with financial for the organization such as an annual budget, treasurer's report, annual report, etc. Please include any additional information you would like to share with the selection committee.

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## SIGNATURES

I authorize the verification of the information provided on this application.

Signature of applicant:

Phone number:

Email:

Title:

Date: