

2019 CHARITY GRANT APPLICATION

INFORMATION

Name of Organization:

Phone Number:

Contact Name:

Address:

City:

State:

ZIP Code:

Website:

501 (C) 3 Number:

Requested Grant Amount:

\$

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:

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SIGNATURES

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

Signature of applicant:

Phone number:

Email:

Title:

Date:

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.