

SUMMARY OF APPLICANT ORGANIZATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Executive Director: _____

Contact (if other than Executive Director): _____

Name: _____ Title: _____

Phone: _____ Fax: _____

Purpose of Grant:

- General operating (support for organization as a whole)
- Special program/project (support for specific activity of the organization that is consistent with its mission)
- Capital expenditure (funds for purchase of, or additions/improvements to, building or equipment)
- Start-up costs
- Endowment
- Technical assistance
- Other

Brief description of request: _____

Organization budget: _____ Fiscal year: _____

Program budget: _____ Fiscal year: _____

Fiscal year ends: _____ Amount Requested: \$ _____

Signature - Board of Directors, President Date

Signature - Executive Director Date

