**Grant Application**

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| **MATERIALS** |
| Please attach the following, in this order: |
| * Most recent audited financial statement, or if no audited statement exists, prior year’s financial statement.
 |
| * Most recent W-9.
 |
| * Most recent IRS Form 990.
 |
| * Current year’s budget for organization, and separate budget for project, if one exists.
 |
| * Copy of Organization’s most recent letter of determination for regarding its 501(c)(3) status from the IRS.
 |
| * Letters of Reference or Participation from organizations with whom your organization has collaborated.
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| **CONTACT INFORMATION** |
|  |  |  |
| **CONTACT NAME (First, Last)** |  | **TITLE** |
|       |  |       |
|  |  |  |
| **ADDRESS Line 1** | **Line 2** |
|       |       |
|  |  |  |
| **CITY** |  | **STATE** |  | **ZIP** |
|       |  |       |  |       |
|  |  |  |
| **TELEPHONE NUMBER (include area code)** |  | **EMAIL ADDRESS** |
|       |  |       |
|  |  |  |
| **ORGANIZATION INFORMATION** |
|  |  |  |
| **DATE (MM/DD/YYYY)** |  | **ORGANIZATION NAME** |  | **EMPLOYER NUMBER (EIN)** |
|       |  |       |  |       |
|  |  |  |
| **ADDRESS Line 1** | **Line 2** |
|       |       |
|  |  |  |
| **CITY** |  | **STATE** |  | **ZIP** |
|       |  |       |  |       |
|  |  |  |
| **TELEPHONE NUMBER (include area code)** |  | **EMAIL ADDRESS** |
|       |  |       |
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| **QUESTIONS** |
|  |  |  |
| Is this your first time applying for a grant with us? | [ ]  Yes | [ ]  No |  | **AMOUNT REQUESTED\*** |  | **DATE FOUNDED (MM/DD/YYYY)** |
|  | $      |  |       |
|  |  |  |
| **INSTRUCTIONS** |
| \*For grant requests of $5,000 or less per year. |
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| ***BRIEF* HISTORY OF ORGANIZATION** |
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|       |
|  |  |  |
| **ORGANIZATIONAL STAFF** |
|  |  |  |
| **NUMBER OFPAID STAFF** |  | **TOTAL STAFF COMPENSATION,INCLUDING BENEFITS** |  | **NUMBER OFVOLUNTEERS** |  |
|       |  | $      |  |       |  |
|  |  |  |
| **PURPOSE OF GRANT** |
| Summarize how your organization will use the grant. |
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|       |