



GRANT APPLICATION FORM

Legal Name of Organization: Date:

Mailing Address:

City: State: Zip:

Phone: Fax: Website:

Name of CEO or Executive Director:

Phone: Email:

Application Contact (if not the CEO of Executive Director):

Phone: Email:

ORGANIZATION INFORMATION

Primary Service Category of your Organization: Education Hearing Disorders Arts & Culture

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status: 501(c)(3) Tax ID #

Other than 501(c)(3), please describe:

Year Founded: Number of Employees: Full-time: Part-time:

GRANT REQUEST INFORMATION

Amount of Request:

Type of Grant Requested (select one):

General Operating Support Program Support Other:

For requests other than general support, describe what the grant will be used for:

FINANCIAL INFORMATION

Organization's Current Fiscal Year Operating Budget:

AND, if other than general operating request.... Program Budget: Dates: From: To:

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director

Date