



## 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):

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