

Community Grant Application - 1

Date: ___ / ___ / _____

Organization Name: _____

Contact Name: _____

Organization Address: _____

Telephone: (_____) _____ - _____

Fax: _____

Email Address: _____

Website Address: _____

Requested Grant Amount: _____

Funds Requested For (Brief Description): _____

Does your organization have tax-exempt status with the IRS? _____

If Yes, what is the status (ex. 501 (c)(3)): _____

The primary mission and purpose of your organization: _____

A brief history about your organization: _____

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Current goals: _____

Budget Information (Revenues and expenses; current and/or expected sources of income; and/or any information in regards to financial standing): _____

Why funding is needed and how the funding will be used (Please be specific and if possible line item the proposed spending (i.e. purchase five computers at \$500 each): _____

I certify and solemnly affirm that all the information provided in this
Community Grant Program Application is true, accurate, complete, to the best of my ability,
and reflects the full extent of the organization.

Your Signature: _____