



## FINANCE GRANT APPLICATION

Name of Organization \_\_\_\_\_

Today's Date \_\_\_\_\_ Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

Project Name \_\_\_\_\_

Description of Project and Objectives \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Geographical Area Served \_\_\_\_\_ Amt. Requested \_\_\_\_\_

Are you a 501 C 3 ☐ Yes ☐ No Tax ID # \_\_\_\_\_ Other \_\_\_\_\_

Will you be receiving other funding: If yes, how much? \$ \_\_\_\_\_ From \_\_\_\_\_

Describe volunteer involvement \_\_\_\_\_

\_\_\_\_\_

Are you a government unit ☐ Yes ☐ No Other \_\_\_\_\_

How will your project be evaluated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you provide a report on how the money was spent in the year it's completed. ☐ Yes ☐ No

If not, please explain.

\_\_\_\_\_

\_\_\_\_\_

*Please return this form to the Finance Chairperson*