



Organization Information

Organization Name

Contact Name

Contact Title

Second Contact Name

Second Contact Title

Telephone Number

Second Telephone Number

Fax Number

EIN or Tax Exempt Number

Primary Address

Secondary Address

Website Address

Mission Statement

If you are a supporting organization classified under Internal Revenue Code 509 (a)(3), please indicate whether your organization is classified as:

Type I Type II Type III

(If you are a Type III organization you must submit a copy of your most recent Form 990)

Category

<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Environmental	<input type="checkbox"/> Human Service
<input type="checkbox"/> Education	<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Religion
<input type="checkbox"/> Miscellaneous		

Please complete the Grant Request Summary on the next page.

Grant Summary Request



Please limit descriptions to the space provided.

Amount of request

Grant Request Summary (One or two sentences describing the nature of the request)

Detailed Summary (Usage of Grant) - **NO ATTACHMENTS WILL BE ACCEPTED**

Request Check List

Your cover letter should state the amount requested and a brief overview of the request, not to exceed two (2) pages.

If any of the following information is missing from the proposal, the request will not be reviewed until all the information is received.

- A complete description of the project detailing the purpose and objectives.
- Procedures to be followed in implementing the project.
- An itemized budget for the project.
- A list of donors being pursued if seeking funds from other sources.
- A copy of the organization's tax-exemption declaration.
- A professionally prepared financial statement.
- A list of the organization's Board of Directors.
- A list of corporate or foundation donors within the last year.

** Type III Supporting Organizations Only: Please submit a copy of your most recent Form 990 **