

Grant Inquiry Form

Please complete all fields.

Note: if your answer to question #9 is "No", you are ineligible to apply and there is no need to complete this Grant Inquiry Form.

1.	Or	ganiz	ation	Name						
2.	Or	ganiz	ation	Address						
Street							City		State	Zip
3.	Or	ganiz	ation	Website Addr	ress			1		
4.	Or	ganiz	ation	Telephone Nu	umber	1				
5.	Yo	ur Na	ıme							
First						Last				
6.	6. Your Title: What is your role with the organization you are representing?									
7.	7. Your Email Address									
8.	8. Have you been invited or referred to apply for this grant?									
Yes	No If Yes, upload copy of invitation or referral letter here									

9. We are an IRS qualified 501 (c)(3)

Yes	No If Yes, upload copy of IRS Determination Letter here									
If you are not an IRS qualified 501 (c)(3) you are ineligible to apply. Do not complete this Grant Inquiry Form.										
10. Organization Description: Please limit your response to 150 words.										
2. 2. 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.										
11. Annual Operating Budget										
\$										
Upload copy of most recent audited financials. If you										
	are awaiting audited financials, upload your most recent Form 990 here									
12. Project Title: What is the title of the specific project for which you are seeking funding?										
13. What geographic area does the project serve?										
14. Brief Project Description: Please limit your response to 150 words.										
2										
15	. Total c	cost of project	Direct project expenses	Admin project expenses						
\$			\$	\$						
16. Grant amount requested										
\$	\$									

<u>S</u>ubmit