



Charitable Fund Grant Application

Legal Name of Organization _____

Address 1 _____

Address 2 _____ City _____

Phone Number _____ State _____ Zip Code _____

Web Address _____ E-mail _____

Chief Executive Officer (CEO) or President

CEO/President E-mail Address

Contact person for this application if different from CEO/President

Phone Number _____ E-mail _____

Required

Principal Purpose and Service of Your Organization

Geographic Area Served _____

Approximate Number of Persons Served Annually _____ Ages of Persons Served _____

Number of Employees _____ Number of Volunteers _____

Specific Purpose for which Funds are Requested

Amount Requested \$ _____ FROM _____ TO _____

(Period of time in which funds will be spent)

*****Does your organization receive support from the United Way or other federated funds? If so, which ones? *Attach List.

*****Does your organization have 501(c)(3) status? Please attach a copy of documents or a letter stating your organization's non-profit status.

CEO/President Signature

Date