

BCMW Youth Development Grant Application

SECTION ONE

Date of Application		
ORGANIZATION NAME		
Applicant Organization (Full Legal Name)		
Tax Exempt ID # (EIN)		
CONTACT INFORMATION		
Proposal Contact Name		
Title		
Phone		
Fax		
E-mail		
Street Address		
City		
State		
Zip Code		
Organization Website		
Mailing Address (if different than street address)		
City		
State		
Zip Code		
ORGANIZATION FINANCIAL INFORMATION		
Organization's Budgeted Expenses for Current Year (give fiscal year end mm/dd/yy)	\$	
Organization's Major Funding Sources (e.g., United Way, local community foundation, county board of health, etc.) by percentage		



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REQUEST DATA		
Program/Project Title		
Total Budget for this Program/Project	\$	
Amount of this request	\$	
Grant Duration (e.g., one-year grant, etc.)		
Anticipated Project Start Date		
Community/Counties served by this Program/Project		
Total Number of people to be served during grant period		
Brief demographic description of population served by this Program/Project		
SIGNATURES		
Signature of Executive Director		

SECTION TWO	
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR PROGRAM IN THE SPACE BELOW:	



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