## Contact Information

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| --- | --- |
| Primary Grant Contact | Click here to enter text. |
| Title | Click here to enter text. |
| Work Phone | Click here to enter text. |
| E-Mail Address | Click here to enter text. |
| Executive Director | Click here to enter text. |
| Organization (Legal) Name | Click here to enter text. |
| Year Organized | Click here to enter text. |
| DBA Name(s) | Click here to enter text. |
| Street Address | Click here to enter text. |
| Website | Click here to enter text. |
| Federal Tax ID # | Click here to enter text. |
| Organization Type(indicate below) | Please include a copy of IRS Tax Exempt Letter with this form. |
| Yes, 501(c)(3)  | No, will be using a fiscal agent to apply for grant. See Tax ID# above. Name of fiscal agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Foundation Focus Areas

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| Please indicate below the Foundation Focus Area with which your project most closely aligns: |
| \_\_ **Human Health** |
| \_\_ **Education**\_\_ **Community Well-Being****\_\_ Environmental Sustainability** |

## Description of PROPOSED PROJECT (500 Word Maximum) \*\*\*If photos help tell the story of your proposed project, please attach 1-3 jpgs.

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## Basic Financial Information

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| \_\_\_\_\_\_\_\_\_\_\_\_\_ What is the total dollar amount of the proposed project? |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ What is the total dollar amount of the grant request? |

Letters of Interest (LOI) may be submitted anytime during the calendar year. LOIs will be reviewed on a Quarterly Cycle with submission deadlines for each cycle falling on the 15th of January, April, July, & October. Applicants will be notified after the review process is complete. If invited for full application, an in-depth organization budget and project budget will be required.