**Altrusa International of Tampa
Wilma B. Hogan Foundation, Inc.
P.O. Box 46396
Tampa, Florida 33646**

**Grant Application**

Date of Application:                                                                    Amount Requested:

# Individuals to Be Served/Impacted through this grant request:

Name of Organization:

Address:

Executive Director:                                                                       Phone Number:

Name and Title of Contact Person:                                            Phone Number:

Tax Status: *(check one)* (     ) Charitable Organization 501-C3       (     ) Other - Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Organized:

Major goals and purpose:

Project for which funds are requested (*give purpose, objectives, and timeframe)*:

Who will be served by the project?

List any eligibility requirements:

What are other sources of financial aid for the project?
*(List other funding sources, including grants with amount applied for and annual fundraising drives with anticipated outcomes)*

Does your organization receive Federal or other government funding?

A report including information on the number of persons served, dollars spent, and specific outcomes shall be submitted no later than 12 months after receipt of funds.  (Pictures are appreciated)

How will the project continue beyond this grant period *(include amount and source of funds)*?

Submitted by:                                                                                              Received:
            Name:                                                                                              Initials:
            Title:                                                                                                 Acknowledged:                                                                                                                                                          Initials: