

GRANT REQUEST APPLICATION FOR FISCAL YEAR 2022-2023

EACH PROGRAM REQUIRES A SEPARATE APPLICATION

AGENCY / ORGANIZATION / INDIVIDUAL N	IAME:	
ADDRESS:		
CONTACT PERSON/TITLE:		
PRIMARY:	PHONE:	
EMAIL:		
PROGRAM LEADER:	PHONE:	
EMAIL:		
	PHONE:	
EMAIL:		
IS YOUR ENTITY A 501C3 \square YES \square NO.	EIN:	
PROGRAM NAME:		
PROGRAM DETAILED DESCRIPTION:		

TARGET POPULATION, WHO WILL GET BENEFIT FROM THE PROGRAM:
HOW MANY YEARS HAS THIS PROGRAM BEEN RUNNING:
HOW MANY PEOPLE ON AVERAGE HAVE BENEFITED FROM THE PROGRAM YEARLY:
WHAT ARE THE METRICS FOR SUCCESS AND SPECIFIC TARGETS FOR THIS GRANT YEAR:
GRANT REQUEST
AMOUNT REQUESTED:
WHAT % OF THE TOTAL FUNDING DOES THIS REPRESENT:
has the balance of the funding been secured \square yes \square no
WHO ARE THE OTHER MAJOR (MORE THAN 10%) DONORS FOR THIS PROGRAM:

PLEASE INCLUDE THE FOLLOWING WHEN SUBMITTING THE APPLICATION

- 1) Full Program Cost Detail, including any other sources of revenue that support the program
- 2) Program Brochure and / or other marketing material used in prior years or intended to be used this year. If not yet ready, must submit 45 days prior to launch.