



GRANT REQUEST APPLICATION FOR FISCAL YEAR 2024-2025

EACH PROGRAM REQUIRES A SEPARATE APPLICATION

AGENCY / ORGANIZATION / INDIVIDUAL NAME: _____

ADDRESS: _____

CONTACT PERSON/TITLE:

PRIMARY: _____ PHONE: _____

EMAIL: _____

PROGRAM LEADER: _____ PHONE: _____

EMAIL: _____

MARKETING: _____ PHONE: _____

EMAIL: _____

IS YOUR ENTITY A 501C3 YES 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 YES 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.