A. **Organization Information**

Applicant organization (full legal name):  
EIN:  
Mailing Address:  
City:  
State:  
Zip:  
County:  
Telephone:  
Executive Director:  
Email:  
Project Director:  
Email:  
Website:  

B. **Project Information**

Project Title:  
Amount of this request: $  
Anticipated Project Start Date:  
Target population:  

C. **Brief Project Description (max 350 words)** – Describe your request briefly. How would your organization utilize the requested funds? What is the need you are addressing? How will the target population benefit?

D. **Signature**

_________________________  ____________________________  ____________________________
Executive Director  Date  Board President  Date