



GRANT APPLICATION FORM

Name of Organization

Date of Application

Address

EIN

City State Zip

Telephone Number: _____

Fax Number: _____

E-Mail: _____

Person to contact regarding this proposal:

Name / Title

Address

Project Budget: _____ Amount Requested: _____

Please summarize project in 1-5 sentences. Use reverse side, if necessary.

Who will this grant serve and how? (In 1-5 sentences.) Use reverse side, if necessary.

Submit completed form to Brian Millette 1925 W. Medinah Ct., Anthem AZ 85086