



App # \_\_\_\_\_

## **GRANT APPLICATION FORM**

Please complete the form using the space provided.

1. Name of Applicant Organization: \_\_\_\_\_

\_\_\_\_\_

2. Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

I certify that this funding application has official approval from the organizations Board of Directors:

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

5. Charitable Number: \_\_\_\_\_

6. Project Title: \_\_\_\_\_

7. Project goals and objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Amount of grant requested from the Westshore Community Foundation: \$\_\_\_\_\_

9. Total amount needed for the project (From all sources):\$\_\_\_\_\_

10. List other funding partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Project description and plan of action: \_\_\_\_\_

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12. Duration of Project: \_\_\_\_\_

13. Project Budget (*include expenses & revenue with anticipated and confirmed funding from other sources*):

14. List of Organization's Board of Directors:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. Attach audited Financial Statements for the last complete fiscal year.

16. Who will the project benefit? \_\_\_\_\_

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17. How many people is the project expected to reach? \_\_\_\_\_

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18. List of agencies collaborating on this project? \_\_\_\_\_

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