

CONTACT INFORMATION

ORGANIZATION DIRECTOR/CEO

PREFIX	FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
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TITLE	PHONE (IF DIFFERENT FROM MAIN NUMBER)	E-MAIL ADDRESS
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PRIMARY CONTACT FOR REQUEST (IF DIFFERENT FROM THE ORGANIZATION'S DIRECTOR/CEO)

PREFIX	FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
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TITLE	PHONE (IF DIFFERENT FROM MAIN NUMBER)	E-MAIL ADDRESS
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PROPOSAL INFORMATION

PROVIDE A BRIEF DESCRIPTION OF YOUR PROPOSAL.

TOTAL GRANT AMOUNT REQUESTED

GRANT TERMS (1, 2 OR 3 YEARS)

PRIMARY FOCUS OF PROPOSED GRANT (CHECK ONLY ONE)

HELPING PEOPLE IN NEED

- BASIC NEEDS
- ELDERLY PERSONS
- PHYSICALLY AND DEVELOPMENTALLY
DISABLED ADULTS AND/OR CHILDREN
- WOMEN, CHILDREN, YOUTH AND FAMILIES

PROTECTING ANIMALS AND NATURE

- ANIMAL WELFARE
- ZOOS AND BOTANICAL GARDENS
- ENVIRONMENT

ENRICHING COMMUNITY LIFE

- ARTS AND CULTURE
- COMMUNITY BUILDING/CIVIC
REVITALIZATION

PROPOSED USE OF FUNDS (CHECK ONLY ONE)

OPERATING

PROGRAM – WHAT IS THE TOTAL BUDGET FOR THE PROGRAM? _____

CAPITAL – WHAT IS THE TOTAL PROJECT BUDGET? _____

IF REQUESTING CAPITAL FUNDS, PLEASE CHECK ONE OR MORE THAT APPLY.

BUILDING

EQUIPMENT