

Grant Application Cover Sheet

Please review the Trust's Mission and Priorities and Preferences before submitting an application. Attach all required submission documents as stated in the grant application guidelines.

Applicant Organization _____

Address _____

City _____

State _____

Zip _____

Organization Phone _____

Organization Website _____

Name and Title of Top Paid Staff _____

Phone _____

eMail _____

Name and Title of Contact Person Regarding Application _____

Phone _____

eMail _____

IRS 501(c)(3) Organization? Yes/No _____ Employer Identification Number (EIN) _____

If no, is your organization a public agency/unit of government? Yes/No _____

Amount Requested _____

Total Project Budget _____

Total Annual Organization Budget _____

Brief description of the request, including population and geographic are served:

Name and Title of Top Paid Staff or Board Chair _____

Signature _____

Date _____