Grant Application Form

Grant Request:

This request is for:	Amount requested: \$
Program/project title:	Specify (if other):
Organizational Information:	
Organization name:	
Address:	
City: State:	Zip:
Telephone:	Fax:
E-mail:	
Executive director:	Telephone:
Name/title of contact person:	Telephone:
Total organization budget for current year: \$	Date of incorporation:
United Way funded? FEIN number (or equival	lent):
Is your organization tax exempt under Section 501(c)(3)?	Section 509(a)?
Primary service category of organization:	
Primary service category of organization:	Specify (if other):
Summarize the organization's mission (2 – 3 sentences):	
Geographic service area(s) (cities, counties, regions):	

Provide percentages and/or descriptions of	f the populations your orga	nization serves.	
% Dogs % C	ats	% Horses	
% Livestock % E	xotic Animals	_ % Aquatic Animals	
% Other (Please Describe)
% Total (should be 100%)			
Staff composition in numbers:	Support	Professional	
Paid full-time			
Paid part-time			
Volunteers			
Interns			
Other			
Totals			
Summarize the purpose of your r	request (5 sentences or fo	ewer)	
Time frame in which the funds will be used:		n:	To:

List other private and public fullding	Sources for thi	s particular reque	J.,
Funding sources – to date			
Funding sources – pending		Amount	Date to receive
Organization Budget (last fiscal year) Program/project Budget (if applicable)			Revenues \$
Signature of authorized official:			