



Legal Name of your Organization | _____

Address | _____

City/ State/ Zip | _____

Authorized contact person: Prefix, First Name, Last Name | _____

Title | _____

Phone | _____

Email | _____

Type of Organization | _____

Year Founded | _____

Primary Source of Funds | _____

Is your organization Tax Exempt under IRS 501(c)(3)? Yes No

Grant amount requested | \$ _____

Total Cost | \$ _____

of students taking part in this project | _____

Project time period | _____

Location of project | _____

Source of other funds to this project | _____

Describe the project | _____

Signature of Contact Person | _____

Date | _____