

## COMMUNITY GRANTS APPLICATION

### I. COVER PAGE

Contact Person: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Select one:**

Community Grants Project

Event Sponsorship:      Annual Event?     Yes     No

Amount Requested \$ \_\_\_\_\_ (\$5,000 max)\*

*\*Funds received under this program are reportable to the IRS.*

Community that will benefit from this project or event: \_\_\_\_\_

Number of individuals who will benefit from this project or be reached through this event:

\_\_\_\_\_ Children ages 0 to 5 and/or their families

\_\_\_\_\_ Pregnant women/expectant parents

\_\_\_\_\_ Childcare providers/other providers

Signature of Applicant: \_\_\_\_\_