



## GRASS ROOTS GRANT APPLICATION

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

Name of Association: \_\_\_\_\_

Applicants Legal Name: \_\_\_\_\_

(as shown on IRS Letter of Determination)

EIN #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Person Submitting Application: \_\_\_\_\_

What position do you hold in your Association? \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

Associations tax exempt status/IRS designations: 501 C3, 501 C 9, etc: \_\_\_\_\_

If not a 501 C3 Nonprofit, then who is fiscal agent? \_\_\_\_\_

Purpose of grant request. Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What you hope to accomplish (outputs and/or outcomes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How you intend to accomplish the above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Project/Budget: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

