



# MITE EQUIPMENT GRANT APPLICATION



Application Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Application's 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? \_\_\_\_\_

Tele #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Associations tax exempt status/IRS designations: 501 3C, 501 C 9, etc.: \_\_\_\_\_

If not a 501 3C Nonprofit, then who is fiscal agent? \_\_\_\_\_

Describe the need for equipment:

What do you hope to accomplish (outputs and/or outcomes):

How do you intend to accomplish the above: