

CONTACT INFORMATION

ORGANIZATION DIRECTOR/CEO

PREFIX	FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
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TITLE	PHONE (IF DIFFERENT FROM MAIN NUMBER)	E-MAIL ADDRESS
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PRIMARY CONTACT FOR REQUEST (IF DIFFERENT FROM THE ORGANIZATION'S DIRECTOR/CEO)

PREFIX	FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
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TITLE	PHONE (IF DIFFERENT FROM MAIN NUMBER)	E-MAIL ADDRESS
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PROPOSAL INFORMATION

PROVIDE A BRIEF DESCRIPTION OF YOUR PROPOSAL.

TOTAL GRANT AMOUNT REQUESTED

GRANT TERMS (1, 2 OR 3 YEARS)

PRIMARY FOCUS OF PROPOSED GRANT (CHECK ONLY ONE)

HELPING PEOPLE IN NEED	PROTECTING ANIMALS AND NATURE
<input type="checkbox"/> BASIC NEEDS	<input type="checkbox"/> ANIMAL WELFARE
<input type="checkbox"/> ELDERLY PERSONS	<input type="checkbox"/> ZOOS AND BOTANICAL GARDENS
<input type="checkbox"/> PHYSICALLY AND DEVELOPMENTALLY DISABLED ADULTS AND/OR CHILDREN	<input type="checkbox"/> ENVIRONMENT
<input type="checkbox"/> WOMEN, CHILDREN, YOUTH AND FAMILIES	ENRICHING COMMUNITY LIFE
	<input type="checkbox"/> ARTS AND CULTURE
	<input type="checkbox"/> COMMUNITY BUILDING/CIVIC REVITALIZATION

PROPOSED USE OF FUNDS (CHECK ONLY ONE)

OPERATING

PROGRAM – WHAT IS THE TOTAL BUDGET FOR THE PROGRAM? _____

CAPITAL – WHAT IS THE TOTAL PROJECT BUDGET? _____

IF REQUESTING CAPITAL FUNDS, PLEASE CHECK ONE OR MORE THAT APPLY.

BUILDING

EQUIPMENT