



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: