

# GRANT APPLICATION



## Contact Information

Full Legal Organization Name:

Organization Website:

## Address

Street Address:

City:

State/Province:

Postal/Zip Code:

## Organization President/Executive Director

First Name:

Last Name:

Title:

Phone Number:

E-Mail Address:

## Contact Person

First Name:

Last Name:

Title:

Phone Number:

E-Mail Address:

## Organization Information

Organization Type:

- Corporation
- LLC
- Partnership
- Sole Proprietorship
- Nonprofit IRS 501(c)(3)
- Other

501(c)(3) Fed Tax ID # (Non-Profits):

Fed Tax ID # (Other Organizations):

Gross Income:

Total Assets:

Total Liabilities:

Total # of Staff:

Total # of Volunteers:

Organization's Mission Statement:

Brief Description of Organization:

## Proposal Request

Program/Project Name:

Total Project Cost:

Grant Request Amount:

Briefly describe project:

Schedule of project, including expected date of completion. Projects must be complete within two years to receive funding:

What is the geographic area that this project will serve?

How will the project impact the community?

### Authorization Signature:

If approved, this organization agrees to carry-out the project as approved by Sunrise Foundation, Inc.

Name: \_\_\_\_\_

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

Title: \_\_\_\_\_