

# Paul Brown Legacy Foundation - Grant Application Form

## 1. Organization Information

Organization Name:

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Website:

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Tax ID / EIN:

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Mailing Address:

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City / State / ZIP:

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Primary Contact Name:

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Primary Contact Email:

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Primary Contact Phone Number:

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## 2. Grant Request Details

Which funding area best describes your project? (Check one)

☐ Education & Youth Empowerment

☐ Faith-Based Community Development

☐ Health & Wellness Access

☐ Economic Mobility & Family Stability

☐ Legacy Leadership & Mentorship

☐ Other: \_\_\_\_\_

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Amount Requested:

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Project or Program Title:

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Project Summary (100-150 words):

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Start and End Date:

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Is your organization a 501(c)(3)? ☐ Yes ☐ No, but we have a fiscal sponsor ☐ No

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If you have a fiscal sponsor, provide sponsor name and contact info:

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### 3. Impact & Outcomes

What issue(s) does this project address?

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Who will be served? (Include population, location, and estimated reach)

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How will success be measured?

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How does your project align with the Paul Brown Legacy Foundation's mission of love, learning, and legacy?

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## 4. Attachments

Please attach the following:

- Project Budget
- IRS Determination Letter
- Annual Report or Impact Summary (optional)

## 5. Declaration & Submission

I certify that the information provided is accurate and complete to the best of my knowledge.

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

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