



PAUL BROWN  
LEGACY FOUNDATION

# Paul Brown Legacy Foundation

## Grant Application Form

### **1. Organization Information**

Organization Name: \_\_\_\_\_  
Nonprofit EIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Website: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### **2. Project Information**

Project Title: \_\_\_\_\_  
Amount Requested: \$ \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Start Date: \_\_\_\_\_  
Project End Date: \_\_\_\_\_

### **3. Project Description**

Describe the purpose of the project: \_\_\_\_\_  
Who will benefit from this project? \_\_\_\_\_  
Expected outcomes: \_\_\_\_\_

### **4. Financial Information**

Total Project Budget: \$ \_\_\_\_\_

Other Funding Sources: \_\_\_\_\_

Amount Requested from Foundation: \$ \_\_\_\_\_

### **5. Certification**

Authorized Representative Name: \_\_\_\_\_

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

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

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

### **6. Foundation Review (Internal Use Only)**

Reviewed By: \_\_\_\_\_

Approved:  Yes  No

Board Review Required:  Yes  No

Notes: \_\_\_\_\_

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

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