SeMPer FREY, Inc., dba The Wishes GRANTed Foundation Grant Application

Please fully complete this application, and submit it with a concise 5-10 sentence written narrative which states:

- 1) Why the grant funds are needed; 2) The proposed use of the requested grant funds, and;
- 3) Any other information about the applicant which may assist SeMPer FREY, Inc. ("**Foundation**") to make a decision re: whether or not the requested grant funds should be approved and distributed.

Date:		
	Applicant In	formation
Name:		
Physical Address (& Ma	ailing Address, <u>if</u> different):	
Phone:	Fax:	E-mail:
		Tax Exempt Status*: (the "Code"), indicate the Code section that you are exempt n.
	Contact Info	ormation
Name:	Title/Relationship to Applicant:	
Mailing Address:		
Phone:	Fax:	E-mail:
Purpose of Grant Req	See, page 1 of the Foundation website, " uest:	and Mission Statement of the Foundation) Home – Our Story" at "Our Mission")
	udget which outlines how the requested g	rant funds, if awarded and if distributed to applicant, will be spent accomplish and/or satisfy the purpose of the grant request.
Period(s) of time and/o	or dates for which funds are reques	sted:
	Authorized Signature & Ac	knowledgment Required
media platforms (i.e., Facthat (s)he/it will provide, use of grant funds, and si	ebook, Instagram, etc.), understands if if selected to receive a money grant av hall use the grant funds, if approved a ion guidelines and its grant policy. The	ted and carefully reviewed the Foundation website and social the Foundation's mission and Mission Statement, <u>and</u> agrees vard, written reports upon request to the Foundation re: the nd awarded and distributed to applicant, <u>only</u> in accordance Foundation reserves the right to withhold and recover grant
Applicant (Organizatio	n) Name:	
By (Signature):		
Signator's Printed Nam	ne:	Signator's Title (if any):