Name of Organization:

Address:

Contact Person:

Phone Number: Email:

Website:

EIN: Date of Incorporation:

Have you previously received a grant form PQFF? (if yes, please explain)

Briefly describe the history and mission of your organization.

Amount requested:

Please describe the programs in which the required funds will be used and the potential impact your program has and will have on the community in which you serve.

Provide your current organizational budget and a budget including the requested amount.

Provide a timetable for your program.

Who will be responsible for carrying out the program and what are their qualifications?