

Grant Application



Date _____

Organization Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Mission Statement _____

Specific Request Amount _____ Total Project/Program Cost _____

Will you be seeking other donations for the specific project/program? _____

And if yes, who _____

Brief Description of specific project or program _____

PO Box 344
Warsaw, IN 46581

574-306-2341

Please tell us specifically how your organization will use the funds requested



How many children will this specific project/program help? _____

How will this project/program help the children of this community

