



Organization Summary Form

Organization Legal Name: _____

Organization DBA (if applicable) _____

Organization's Federal Employer Identification Number (EIN): _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____

Website: _____

Executive Director/Board Chair: _____

E-Mail Address: _____ Phone: _____

REQUEST INFORMATION

Amount of this Funding Request \$ _____

Brief Description of Request: _____

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director /Board Chair

Date