



GRANT APPLICATION

Date of Application: _____ Website Address: _____

Legal Name of Organization: _____

Employer Identification Number (EIN): _____

Mailing Address: _____

Name/Title/Address of Project Contact: _____

Contact Phone #: _____ E-mail: _____

Amount of Request: _____ Project Name: _____

Counties in which Project Services are Provided: _____

The following typed narrative **MUST** accompany this application:

- Organization's Statement of Purpose
- Project Description (*1 page maximum*)
- Project Goals/Objectives (*1 page maximum*)
- Explanation of how funds will be used (*1 page maximum*)
- Identification and status of other funding requests for this project (*if applicable*)

If applicable or available, the following documents **MUST** accompany this application:

- IRS tax-exempt documentation
- Current year's budget/cash flow statements
- Most recent Form 990 submitted to the IRS
- List of board of directors and their addresses
- Last annual report
- Last 2 audit reports
- 3 letters of recommendation

The information contained in this application is for the purpose of obtaining funding from the CoServ Charitable Foundation on behalf of the undersigned. Each undersigned represents and warrants that the information is true and complete and that the CoServ Charitable Foundation may consider this information is true and correct until a written notice of a change is provided. The CoServ Charitable Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the information.

President/Chairman's Signature

Secretary/Treasurer's Signature

Date

Date