



GRANT APPLICATION | REQUEST FORM

This application must be completed when submitting an initial grant request. *

Name of Organization:		
Address:		
City:	State:	Zip Code:
Telephone/Cell:	Website (if any):	
Tax ID # (EIN):	Organization's Fiscal Year End:	
Contact Person:	Contact Title:	
Contact Telephone/Cell:	Contact Email:	
CEO/Executive Officer:		Board of Directors Chairperson:
President:		Vice President:
Secretary:		Treasurer:
Dollar Amount Requested:	<input type="checkbox"/> General Operating <input type="checkbox"/> Capital Campaign <input type="checkbox"/> Emergency Funds <input type="checkbox"/> Specific Project <input type="checkbox"/> Capacity Building <input type="checkbox"/> Endowment <input type="checkbox"/> Other	
Amount of any grant money received &/or requested in the past 12 months.	And from whom previous grants were requested from:	
Name of Project:		Project Start Date:
Brief Description of Project:		

Applications can be mailed to the address listed at the top of the page, or emailed directly to grants@gracehelenspearman.foundation.

- *Applications are accepted twice a calendar year and must be received 3 weeks prior to the quarterly board meeting to be considered for that period. The Board meetings are scheduled to be held in January/April/July/October (subject to change).*