



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 by December 30th for the January meeting, March 30th for the April meeting, June 30th for the July meeting and September 30th for the October meeting.*