



Enabling Your Mission Through Grants

Grant Application

Contact Information

Full Legal Organization Name

Covered Entity Type

Street Address

City

State

Zip Code

**Organization President /
Executive Director**

Title

Phone Number

E-Mail Address

**Contact Person
(if different)**

Title

Phone Number

E-Mail Address

Grant Category



Organization Information

501(c)(3)?	Yes	No	Year Established
Total # of Staff			Total # of Board Members
			Total # of Volunteers

Organizational Mission Statement
(350 characters or less)

Brief Description of Organization
(500 characters or less)

Population Served
(200 characters or less, include age groups, race & ethnicity, income levels, etc.)



Proposal Request

Project Narrative

What is the goal of your video?

Please share your story of how 340B has made a positive impact on you, your patients and/or your community: