# **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
Requested Amount	Grant Category



### **Organization Information**

501(c)(3)? Yes No Year Established

Total Organization Budget Total # of Board Members

Total # of Staff 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**

Program/Project Name	
Total Program Budget	
Requested Amount (will autopopulate from first page)	
Project Start Date	Project End Date
Geographic Area Served	
Project Narrative	
State the problem/issue and the reason	your organization is qualified to address this need:
State how you will use the requested fu	unds to address the problem/issue described above:



List the measurable outcomes that will define the success of this program (minimum of three):		
Present a complete timeline including each tasks/steps to be completed to achieve the		
outcomes listed above		
Budget		

Upload the budget worksheet detailing how funds will be spent

fulfill compliance requirements to be eligible.

(please refer to the grant submission instructions for allowable budget items):

\*Capture Cares Mission Grants are subject to change and to additional terms and conditions. You must