



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

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 funds 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

(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 fulfill compliance requirements to be eligible.