

APPLICATION FOR ORGANIZATIONAL GRANTS

1. Organization Name: _____
Address: _____
Telephone: _____
Cell phone: _____
E-Mail Address: _____

2. Name of Organizational Contact: _____
Title: _____
Telephone: _____
Cell phone: _____
E-Mail Address: _____

3. Brief description of the goals and objectives of the organization:

4. Is the organization a 501(c)(3) nonprofit organization? Yes No

5. What are your regular sources of income?

6. Describe the proposed project for which you desire a grant from Mother's Grace:

7. Specifically describe the resources being requested to implement the described project: