

GRANT APPLICATION

Name of Organization: Address: Contact Person: Contact's Email and Phone #: Website Address: Is your organization a tax-exempt non-profit? If so, what is your Federal Tax ID#?			
		Year Founded: (Current Total Budget:
		Primary Sources of Funding: Grant Amount Requested:	
		 A detailed narrative describing the project and/or services the grant funds will support, project goals and how they will be attained, the geographic area and population that will be served and the number community members that will <u>directly</u> be served. 	
		2. A spreadsheet showing proposed ex	xpenditure categories and amounts.
		For assistance with this form, please ema	il <u>commongoodplumas@gmail.com</u>
Authorized Signature	Date		
Printed Name	 Title		