



Information Form

Organization Requesting Funds:

Legal IRS Name: _____

Employer ID Number: _____

Address: _____

Program Title: _____

Proposed Grant Period: _____

(Month, Year - Month, Year)

Amount Requested: \$ _____

President or Chief Executive Officer:

Contact Person's Prefix and Full Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Person legally responsible for signing grants contracts (if not the President or CEO):

Contact Person's Prefix and Full Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Person to whom grant payments should be mailed (Please note that payments cannot be sent to a P.O. Box):

Contact Person's Prefix and Full Name: _____

Title: _____

Address (Not a P.O. Box): _____

Phone Number: _____

Email Address: _____

Person responsible for program oversight (program director):

Contact Person's Prefix and Full Name: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____