



# 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 (Include name & email if payment goes to lockbox):

Contact Person's Prefix and Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Person responsible for program oversight (primary contact & responsible for submitting annual reports):

Contact Person's Prefix and Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\* Please reach out if any contact information changes after submission with updated form.