



Concept Paper Information Form

Organization Requesting Funds:

Legal IRS Name: _____

Employer ID Number: _____

Address: _____

Project Title: _____

Proposed Grant Period: _____

(Month, Year - Month, Year)

Planning Grant Amount Requested (up to \$50,000): \$ _____

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 and 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/individual responsible for submitting annual reports):

Contact Person's Prefix and Full Name: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

Please contact the Endowment if any of the above information changes.