



# Information Form

## Organization Requesting Funds:

Legal IRS Name: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

Common Name or DBA (if different than legal name): \_\_\_\_\_

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: \_\_\_\_\_