



GRANT APPLICATION

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|----|---|
| 1. | Legal Name of your Nonprofit Organization: |
| 2. | Address: |
| 3. | City: State: Zipcode: |
| 4. | Email: |
| 5. | Authorized Contact Person: <i>First Name, Last Name</i> : |
| 6. | Telephone Number: Fax Number: |
| 7. | Type of Organization: |
| 8. | Year Founded: Current Operating Budget: |

9. Primary Source of Funds

Prior Sgt Jordan M. Shay Funding? No[] YES[]
Amount/Year:

Is your organization Tax Exempt Under IRS 501(c)(3)?

YES [] this is our EIN No. _____ . *(Please attach IRS Letter with EIN to this form)*

[] application is pending *(If approved, grant cannot be paid until permanent ruling is received)*

NO [] If you answered NO to the question above, is your organization part of a municipality? *(i.e. part of city, state, town or county government. Examples are: Public School System, City Recreation Departments, County Council on Aging, Mental Health, etc.):*

NO [] YES [] name of municipality: _____

Grant Amount Requested \$ _____

Internal Use Only:

Local Sgt Jordan M. Shay Foundation CEO Funding Recommendation \$ _____

Local Sgt Jordan M. Shay Foundation CEO

Signature: _____

Total Project Cost \$

Program Serves primarily: women [] YES NO []

Racial/ethnic minorities: [] YES NO []

Geographic Area Served/Source of other funds to support project:

(Use the space below to write a short summary of the project/grant request)

Signature of Contact Person: _____

Date: _____