

SPECIAL PROJECTS COMMITTEE GRANT QUESTIONNAIRE - INDIVIDUAL

Use this form only if you are applying on behalf of an organization Name Social Security Number 3. Address City State Zip Code Primary Phone Email Amount Requested Date(s) funds to be used 7. Please attach a purpose for the project (this is a simple statement of purpose – not a complete description of the project) 8. Total Budget of project showing all expenses and all resources (Please attach on a separate page)

Date

11. On a separate page please include 3 references

Signature