

SPECIAL PROJECTS COMMITTEE GRANT QUESTIONNAIRE - ORGANIZATIONS

Use this form only if you are applying on behalf of an organization Name of Organization Employee I.D. Number Address City State Zip Code Primary Phone Email Website(If any) Names Of Officers and Board Members of Organization 7. Are you a 501-C-3 Organization No[] Yes[] If yes, please attach proof. 8. Please attach Brief History and Description of Organization

Amount Requested

Date(s) funds to be used

11.

Place Fund(s) to be used

12. Please attach a purpose for the project (this is a simple statement of purpose – not a

complete description of the project).