



**Children's Charities Grant Application**  
2017-2018

Legal Name of Organization: \_\_\_\_\_

DBA: \_\_\_\_\_ EIN: \_\_\_\_\_  
(if applicable)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Charity Guild Sponsor (active member): \_\_\_\_\_



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Please provide all information requested and attach required documents.

Legal Name of Organization: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

CEO/Executive Director: \_\_\_\_\_

CEO/ED Phone: \_\_\_\_\_ CEO/ED Email: \_\_\_\_\_

Organization Contact: \_\_\_\_\_  
*(if not CEO/Executive Director)*

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Grant amount requested: \$ \_\_\_\_\_ Organization's Fiscal Year: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_



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### Mission-Grant Alignment:

*Briefly state the organization's mission and describe how the grant request complies with that mission in a way that will be meaningful to others who are learning about it for the first time. (Limited to the space provided.)*

### Additional Information

Total number of children served by the organization: \_\_\_\_\_

Number of children who will benefit from this grant:

\_\_\_\_\_ 0-5 years      \_\_\_\_\_ 6-11 years      \_\_\_\_\_ 12-18 years

Is the organization a United Way agency?     Yes     No

Does organization have IRS designation as 501(c)(3) charity?     Yes     No

What percent of the board members donate to the organization? \_\_\_\_\_

How many volunteers does your organization have? \_\_\_\_\_

Briefly describe how volunteers are used. *(Limited to the space provided.):*



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Describe **specifically** how the organization will use the requested funds.  
*(Limited to the space provided.)*

Organization Name: \_\_\_\_\_

I certify that I have read and approved this request.

\_\_\_\_\_  
CEO/Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of CEO/Executive Director