



Children's Charities Grant Application 2022-2023

Legal Name of Organization: _____

DBA: _____ EIN: _____
(if applicable)

Street Address: _____

City: _____ State: _____ Zip Code: _____

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: _____ EIN: _____
(if applicable)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

CEO/Executive Director: _____

CEO/ED Phone: _____ CEO/ED Email: _____

Organization Contact Name: _____
(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 organizations' 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©(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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Organization Name: _____

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

I certify that I have read and approved this request.

CEO/Executive Director Signature

Date

Printed Name of CEO/Executive Director