

Children's Charities Grant Application 2024-2025

Legal Name of Organization:				
DBA:(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:(if applicable)	EIN:
Street Address:	
	State: Zip Code:
Phone: W	ebsite:
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 req (Limited to the space provided.)	uested funds.
I certify that I have read and approved thi	s request.
CEO/Executive Director Signature	Date
Printed Name of CEO/Executive Director	