



**FOUNDATION**

**Community Involvement Grant Award**  
**Application Form**

**Grant Request**

**Region**

Field Operations East    Field Operations West    Home Office

**Grant Period**

March 1 (must be received by January 1)       June 1 (must be received by April 1)  
 September 1 (must be received by July 1)       December 1 (must be received by October 1)

**Amount of Request** (\$250,000 annual maximum each for Field Operation East and West and \$125,000 for Home Office and Maitland):

\$                      (\$2,500 suggested per grant maximum)

**Organization Information**

Organization Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail address:

Executive Director:

Telephone:

Contact Person:

Telephone:

Current Year Budget: \$

Revenue \$:

Date of Incorporation

9-digit Federal Tax ID #:

**Primary Service category of organization** (*check only one*)

Education    Health    Human Services    Culture & the Arts    Civic & Community





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**Summarize the purpose of your request (in 5 sentences or less)**

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**Timeframe in which the funds will be used:** From:            To:

Requested by:            (Employee Name)

Approved by:

Return check to:

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Please return the completed form to:

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