

Grant Application Form



Grant Request

Program/project title: _____

Amount requested: \$ _____

Organization Information

Organization Name _____

Address (street, city, state, zip code) _____

Telephone: _____ Fax: _____

E-mail address: _____

Executive Director: _____ Telephone: _____

Contact Person: _____ Telephone: _____

Current Year Budget: \$ _____ Revenue \$: _____

Date of Incorporation: _____ Non-for-profit Tax ID #: _____

Primary Service category of organization:

Education Health Human Services Culture and Arts Civic/Community

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

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

Requests for funding are accepted year-round. However, grants will be made only in accordance with the Foundation’s budgetary guidelines. If it is determined that the request meets our funding criteria, you will be notified to submit a proposal.

Please return the completed form to:

Gina Lockhart
Program Coordinator
CNA Foundation
333 S. Wabash, 44th Floor
Chicago, IL 60604
gina.lockhart@cna.com

For CNA Foundation Use Only

Signature of Authorized official: _____

Title: _____ Date: _____