TRUST COUNSELORS NETWORK Inc.

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Grant Request for Organization

(09082011)

Organization Information

Name of Organization _____ Legal Name if different _____ Employer Identification Number (EIN) _____

Address, City, State, Zip _____

Phone _____ Fax _____ **W**ebsite _____

Name and Title of top paid staff _____ Phone _____ Email _____

Name and Title of contact person regarding this application _____ Phone _____ Email _____

Is your organization an IRS 501(c)(3) not-for-profit organization? ☐ Yes ☐ No

If no, is your organization a public agency/unit of government? ☐ Yes ☐ No

Proposal Information

Please give a summary of your request: _____

Population served _____ **G**eographic area served _____

Funds are being requested for (check one)

☐ General operating support ☐ Start-up cost ☐ Capital ☐ Project / Program support ☐ Technical assistance

☐ Other (list) _____

Project dates (if applicable) _____ Fiscal year end: _____

Budget

Dollar amount requested _____

Total annual organizational budget _____

Total project budget (for support other than general operating) _____

Authorization

Name and Title of top paid staff or board chair _____

Signature _____ Date _____