GRANT APPLICATION

ORGANIZATIONAL INFORMATION

Name of Organization _____

Legal Name (if different) _____

Mailing Address _____

City _____   State _____   Zip Code _____

Employer Identification Number (EIN) _____

Senior Authorized Staff (CEO, ED, President) _____

Title _____

Phone _____   Email _____

Organization is a 501(c)(3) nonprofit?

☐ Yes

☐ No

Is this organization a supporting organization as defined by the IRS?

☐ Yes

☐ No

If no, is this organization a public agency/unit of government?

☐ Yes

☐ No

Has anyone in your organization completed any courses or received certifications from the Duke Nonprofit Management program?

☐ Yes

First Name _____   Last Name _____

☐ No

PROPOSAL INFORMATION

Please provide a 2-3 sentence summary of your request _____

_____

_____

Population Served _____

_____

Geographic Area Served _____

_____

Funds requested are for: (select all that apply)

☐ General Support

☐ Program Support

☐ Start-up Costs

☐ Technical Assistance

☐ Capital

☐ Other

Please describe what you are requesting funds for. _____

_____

Project Dates (if applicable)

From _____   To _____

Fiscal Year End _____

BUDGET

Dollar amount requested _____

Total annual organization budget _____

Total project budget _____

Please attach other necessary materials (such as extended project description, community partners and budget) to the full application.