

BILLY ANDRADE – BRAD FAXON CHARITIES FOR CHILDREN GRANT APPLICATION

NAME OF ORGANIZATION			DATE PREPARED		EMAIL ADDRESS
ADDRESS OF PRINCIPAL OFFICE		STREET	CITY	STATE	ZIP CODE
TELEPHONE		WHEN ORGANIZED?			DATE AND PLACE OF INCORPORATION
HAS YOUR ORGANIZATION QUALIFIED AS A NON-PROFIT, TAX DEDUCTIBLE ENTITY UNDER THE UNITED STATES INTERNAL REVENUE CODE 501(c)(3)?					<input type="checkbox"/> YES <input type="checkbox"/> NO
					INCORPORATED AS NONPROFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
					IF NOT, ENTER APPLICATION DATE

REQUEST

TOTAL AMOUNT REQUESTED	IS THIS AMOUNT FOR ONE FISCAL YEAR?	IF "NO" FOR WHAT PERIOD?
\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	

USE OF FUNDS: PLEASE OUTLINE PROPOSED PROJECT OR PROGRAM, IDENTIFYING BOTH YOUR TARGET POPULATION AND YOUR PLANNED METHOD OF IMPROVING THAT GROUP'S QUALITY OF LIFE. BE SPECIFIC. PLEASE ATTACH A DETAILED BUDGET FOR THE USE OF THE REQUESTED FUNDS.

PURPOSE AND PROGRAM

STATE YOUR ORGANIZATION'S OBJECTIVES.

BRIEFLY SUMMARIZE YOUR ORGANIZATION'S CURRENT EFFORTS TOWARD ACHIEVING THOSE OBJECTIVES.

WHAT GEOGRAPHIC AREA DO YOU SERVE?

