

Organization or Individual's Name (please print ) _		
Title of Project		
IRS Tax Exempt ID#	Year issued	Don't have one
Name of fiscal receiver (umbrella organization)	if applicable	
Fiscal receiver's IRS Tax Exempt ID#	Year issued	
The % of your organization's income comes from	om individuals (i.e. membersh	ips, donations, sales)
The % of your organization's income comes from	om businesses or corporation	ons (i.e. donations, underwriting)?
Your organization's total income this year:		
Your organization's total expenses this year:		
Be sure to include required attachments:		
A letter of support and understanding an cooperation with other organizations	mong all agencies involved	, if this activity involves
A list of board members of your organiz An explanation of the role of the board in	•	vice of each
The name and resumé of the individual	responsible for overseeing	the administration of this project
Description of the administrative capab	pilities of the organization	
A list of other grants for which you haveThe project budget	e applied in order to compl	ete this project
You may submit slides, recordings, publicity items here, and submit them with this applic		ating this application. List those
Signature of person certifying that all information is misrepresentations, and that the organization will consider the constant of the constan	in this application is accurate omply with Title IX Civil Rig	, that there are no misstatements or hts laws and all Fair Labor Standards.
Date		