|  |  |
| --- | --- |
| Grant Application | logo placeholder |

## Organization Information

Please include a copy of your W-9 for tax reporting purposes.

|  |  |
| --- | --- |
| Name/ Legal Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Phone |  |
| Tax ID |  |
| Web Address |  |

## Geographic Area

### What Geographic Area do you serve?

|  |  |
| --- | --- |
| Thurston County | Lewis County |
| Mason County | City of Elma |
| City of Montesano |  |

## Mission Statement

|  |
| --- |
|  |

## Program Information

### Program Title:

**Cover Letter**

|  |
| --- |
|  |

## Program Description

### What does your program do? Why is your program needed in our community? Who do you serve? What is the Impact?

|  |
| --- |
|  |

## Budget

### Please include Annual Budget for the Organization as well as the Budget for the individual Program.

|  |
| --- |
|  |

## Contact Person

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Street Address |  |
| City ST ZIP Code |  |
| Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in our grant program.