



# Grant Application

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Date of Application: \_\_\_\_\_

Legal name of Organization applying: \_\_\_\_\_

Year founded: \_\_\_\_\_

Is the Organization a Member of FAFCU: \_\_\_\_\_ (Do not need to be a member)

Chairperson: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person, Title (if different than above): \_\_\_\_\_

Principal business office/organization mailing address:

\_\_\_\_\_

Email Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant:

\_\_\_\_\_

\_\_\_\_\_

Dates of the project: \_\_\_\_\_

Total cost of project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Signatures: Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Title: \_\_\_\_\_

## SUPPORTING INFORMATION:

Attach additional sheets if necessary.

Statement of Need/Description of improvement necessary:

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What specific benefits do you expect will be received through this project?

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How many people will be served by the project when completed? \_\_\_\_\_

Geographic Area served: \_\_\_\_\_

**You do not have to be a member of Forest Area Federal Credit Union to apply for a grant**

## GRANT BUDGET:

A. Time period budget covers: \_\_\_\_\_

B. Expenses (No salaries are to be included)

Equipment: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Printing/Postage/Delivery: \$ \_\_\_\_\_

Other (specify): \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

C. Revenue:

Specify below the other sources and amounts that will contribute to the total project cost:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_