



MISSION STATEMENT

THE GREATER SUN LAKES COMMUNITY FOUNDATION WAS ESTABLISHED TO ENHANCE THE QUALITY OF LIFE FOR THE OLDER POPULATION IN THE EAST VALLEY, INCLUDING SUN LAKES RESIDENTS, IN THE AREAS OF HEALTH, EDUCATION AND CULTURE.

The Greater Sun Lakes
Community Foundation

**P.O. Box 12402
CHANDLER, ARIZONA 85248**

INFO@SLCOMMUNITYFOUNDATION.ORG

GRANT APPLICATION

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

ORGANIZATION E-MAIL ADDRESS: _____

TELEPHONE: _____ FAX: _____

CEO OR EXECUTIVE DIRECTOR: _____

APPLICATION CONTACT & TITLE: _____

TELEPHONE: _____ EMAIL: _____

HAS THE ORGANIZATION BEEN DESIGNATED AS 501 (c) 3? YES _____ NO _____

ORGANIZATION'S TAXPAYER ID NUMBER: _____

DOES YOUR ORGANIZATION HAVE A CHECKING ACCOUNT? YES _____ NO _____

ANNUAL BUDGET OF ORGANIZATION: \$ _____ FISCAL YEAR: _____

TOTAL NUMBER OF BOARD MEMBERS: _____

ORGANIZATIONAL MISSION: _____

BRIEF DESCRIPTION OF ORGANIZATION AND POPULATION SERVED: _____

GRANT RECIPIENTS ARE REQUIRED TO SUPPLY A TIMELY, WRITTEN ACCOUNTING OF THEIR USE OF THE FUNDS AWARDED TO THEM BY THE GREATER SUN LAKES COMMUNITY FOUNDATION.

PROPOSAL REQUEST

PROGRAM / PROJECT NAME: _____

TOTAL PROGRAM BUDGET: \$ _____ REQUESTED AMOUNT: \$ _____

TIME PERIOD FOR PROJECT: FROM _____ To _____

GEOGRAPHIC AREA TO BE SERVED: _____

DESCRIPTION OF PROGRAM / PROJECT

1.) WHAT IS THE PURPOSE OF YOUR PROJECT OR PROGRAM?

2.) WHO WILL BENEFIT?

3.) HOW WILL THE REQUESTED FUNDS BE USED?

4.) HOW WILL YOU EVALUATE THE PROJECT?

5.) HOW DOES YOUR PROPOSAL COMPLY WITH THE FOUNDATION'S MISSION STATEMENT?

I HERBY VERIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND HONEST TO THE BEST OF MY KNOWLEDGE.

AUTHORIZED SIGNATURE & TITLE

DATE

TELEPHONE: _____ EMAIL: _____