

GREATER SUN LAKES COMMUNITY FOUNDATION GRANT APPLICATION

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.

Legal name of organization: \_\_\_\_\_

Organization Designed leader: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Organization e-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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: \$ \_\_\_\_\_ for fiscal year: \_\_\_\_\_

Total number organization members: \_\_\_\_\_

Brief description of organization and population your organization serves:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSAL REQUEST

Program/project name: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_.

Time period for program/project: From \_\_\_\_\_ to \_\_\_\_\_

Under which key area(s) of The Foundation's mission, does your program fall?

- Health
- Education
- Culture

**DESCRIPTION OF PROGRAM / PROJECT**

What needs will your Program/Project fulfill?

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Who will benefit directly and indirectly from this program?

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How will you measure the success of the project?

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I hereby verify that the information provided is accurate and honest to the best of my knowledge.

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Authorized signature & title

Date

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mail completed application to: The Greater Sun Lakes Community Foundation  
P.O. Box 12402  
Chandler, Arizona 85248

Note: This paper application *must be submitted typewritten or online in the fillable form*. No handwritten applications will be accepted.

An *online application* can completed, printed and submitted to: [info@slcommunityfoundation.org](mailto:info@slcommunityfoundation.org)