



Grant Application

Grant Request

This request is for: _____ Amount requested: \$ _____

Program/project title: _____

Organizational Information

Organization name: _____

Name/title of contact person: _____ Telephone: _____

Applicant: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Is your organization tax exempt under Section 501(c)(3)?: _____

Geographic service area(s)

- City of Cedar Rapids
County (specify)
Suburbs (specify)
Other (specify)
Regional/national

Summarize the purpose of your request (5 sentences or fewer)

Large text area for summarizing the purpose of the request.

Time frame in which funds will be used: From: _____ To: _____

Program/project budget (if applicable) \$ _____

Signature of authorized official _____

Name/Title: _____ **Date:** _____

Return completed application to: Kevin Platz

For Office Use Only

Approved - Date of approval: _____

Amount approved/granted: \$ _____

Date donation is to be granted: _____

Denied - Date of denial: _____

Notes:
