



GRANT APPLICATION

Completed applications can be emailed to disaster@stclairfoundation.org

Name of Organization: _____ Date: _____

Executive Director/Superintendent: _____

Contact Person (if different from Executive Director): _____

Tax ID (if applicable): _____ Address: _____

City/State/Zip: _____

Cell #: _____ Email: _____

Purpose of Grant:

Why do you need this money? How does this request address the impact of the disaster? Who will it affect and how? Why are you the best organization to address the need? Be concise - think elevator pitch, not term paper.

Geographic Area Served: _____ Estimate of Individuals Impacted # _____

Total Project Cost: _____ Amount Requested: _____

Typed Name and Title

Signature of Applicant

Date