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| --- | --- | --- | --- | --- | --- |
|  | McKenna FoundationGRANT APPLICATION FORM 2019 | | | | |
| **ORGANIZATION INFORMATION** | | | | | |
| Organization name: | | | | | |
| Mailing address: | | | | | |
| City: | | | State: | | ZIP: |
| EIN: | | | Phone: | | Fax: |
| Organization Mission: | | | | | |
| Organization website URL: | | | | | |
| Total annual operating budget for organization (current fiscal year): | | | | | |
| Percent of board members who give financially to the organization: | | | | | |
| Year of origin: | | | Is this a United Way funded agency?: | | |
| **about requested amount** | | | | | |
| Amount of request: | | Total project cost: | | | |
| Number of clients to be served by this program/project (during the grant period): | | | | | |
|  | | | | | |
| McKenna Grant Portfolio (select one):  □ Strategic Grant □ Health □ Family Relationships □ Other (staff approval required)rome  □ Basic Living Needs el□ Education □ Community Development): | | | | | |
| **ABOUT THE PRoposal** | | | | | |
| Title: | | | | | |
| Description: | | | | | |
| Project start date or date funds are needed: | | | | | |
| Target geographic area: | | | | | |
| **about contact people** | | | | | |
| Prosposal Prepared By: | | | | | |
| Primary prosposal contact name: Title: | | | | | |
| Phone: | | Email: | | | |
| **Signatures** | | | | | |
| Executive Director or CEO: | | | | Date: | |
| Board Chair: | | | | Date: | |