

# North Shore Autism Circle



## Grant Application

Date of Application: \_\_\_\_\_

Name of Organization: (to which grant would be awarded)

\_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_

Is it an IRS § 501(c)(3) not-for-profit organization? \_\_\_Yes , \_\_\_No

Executive Director: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person (if other than Executive Director): \_\_\_\_\_

### Grant Specifics:

Purpose of Grant: \_\_\_\_\_

Project Name: \_\_\_\_\_

Grant Request: \$ \_\_\_\_\_

Total Cost of Project: \$ \_\_\_\_\_

Other source(s) of funding for project and amount(s): \_\_\_\_\_

Name of Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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*Note: The NSAC does not agree to any continuing commitment beyond the expiration of the grant.*