

Weller Family Foundation Grant Application

Applicant

Name of Organization*

EIN*

Street 1*

Street 2

City*

State*

2-letter abbreviation

Zip Code *

Website

Phone*

Annual Operating Budget*

Primary Contact

First Name*

Last Name*

Job Title

Email Address*

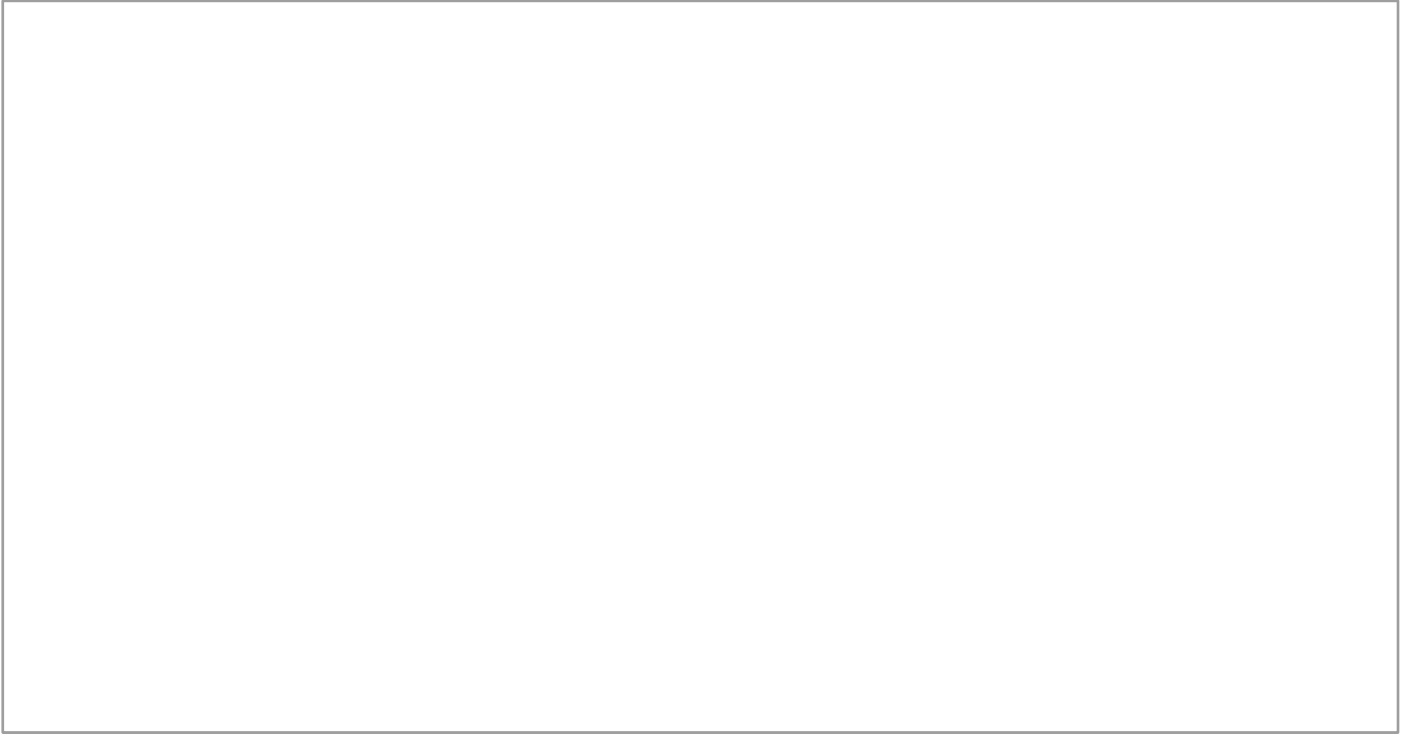
Preferred Phone Number*

Agency Objective/Purpose of Organization:*

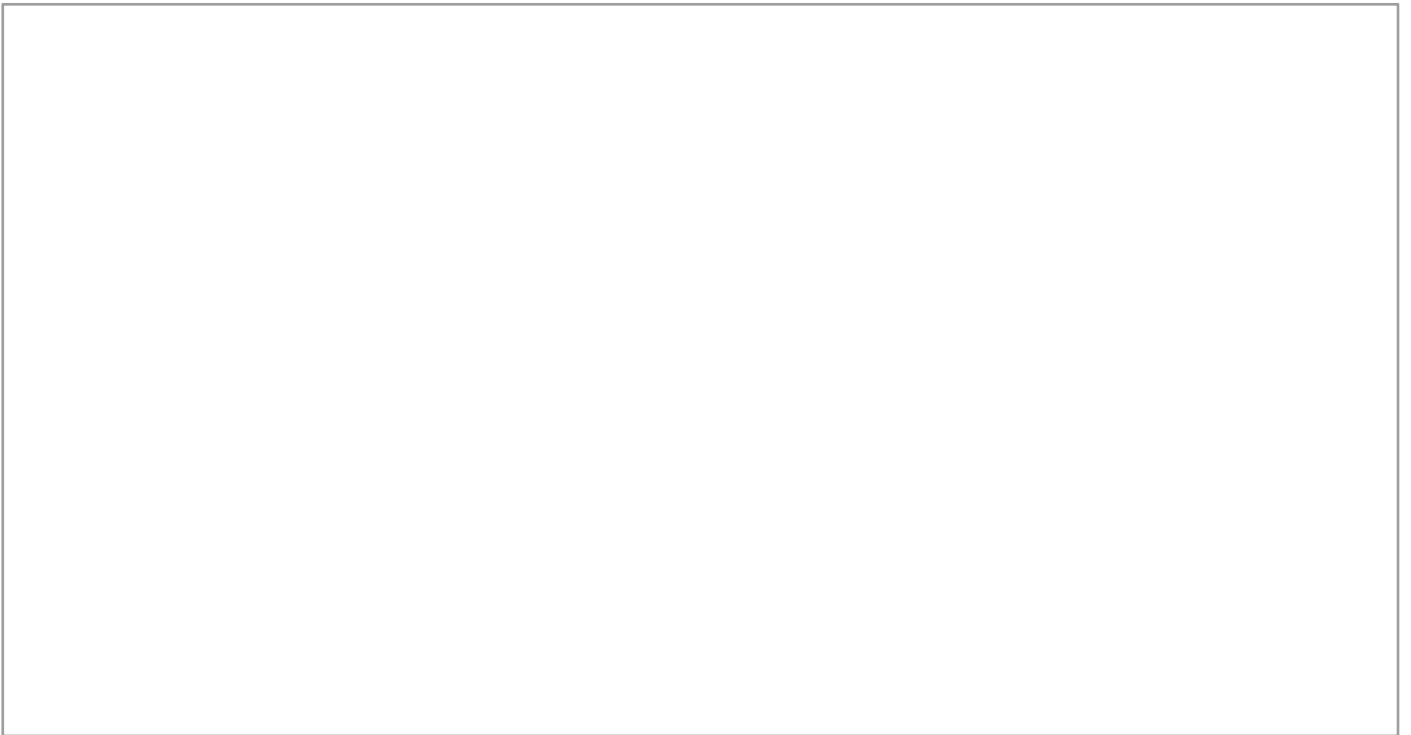
Target Population served: (age, gender, special interest, geographic area, etc.)*

Describe the project:*

How will the funds be used:*

A large, empty rectangular box with a thin black border, intended for the user to describe how the funds will be used.

What will the project accomplish:*

A large, empty rectangular box with a thin black border, intended for the user to describe what the project will accomplish.

Anticipated project period:*

How will this project be financed in the future:*

How will the success of this project be evaluated:*

Total Amount of Pledges/Commitments to Date:*

Sources of Pledges/Commitments to Date*

Total Other Funding Sources Amounts Sought for this Project:*

Other Funding Sources*

TOTAL OF PLEDGES AND OTHER SOURCES*

Amount Requested from Sam F. Weller Family Foundation*

TOTAL PROJECT COST:*

Articles of Incorporation or Constitution and By-Laws*

No file selected

Letter from the Board*

No file selected

Board of Directors Roster*

No file selected

Financial Audit, if available, and a most recent month's financial statement*

No file selected

Grant Applicant/Title:*

Date Submitted:*