

# COTTONWOOD PALO VERDE FOUNDATION

25219 S. EJ Robson Blvd, Sun Lakes, AZ 85248  
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## GRANT REQUEST FORM

### Organization Name

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Mailing Address

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Phone

Fax

EIN

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Organization Email Address

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CEO or Executive Director

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Application Contact & Title

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Phone

Email

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### Organizational Information

501 (c)(3) Yes \_\_\_ No \_\_\_ If Yes, FIN #: \_\_\_\_\_

If No, name of fiscal sponsor:

Annual Organization Budget \$ \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Total # of Board Members: \_\_\_\_\_

Organizational Mission:

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Brief Description of Organization and Population Served:

## Proposal Request

Program/Project Name:

Total Program Budget: \$ \_\_\_\_\_ Requested Amount: \$ \_\_\_\_\_

Time Period for Project: From \_\_\_\_\_ to \_\_\_\_\_

Geographic area to be served:

## Description of Program/Project

1. What do you propose:

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2. Who will benefit:

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3. How will the requested funds be used:

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4. How will you evaluate the project:

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I hereby verify that the information provided is accurate and honest to the best of my knowledge.

\_\_\_\_\_  
Authorized Signature & Title

\_\_\_\_\_  
Date

Phone number: \_\_\_\_\_