



ARMY WOMEN'S FOUNDATION
GRANT REQUEST FORM

Application Date: _____

Organization's Name and contact information: _____

Organization's Tax Exempt Number: _____

Contact Person's name, title and contact information: _____

Dollar amount for this funding request: _____

Total Program budget: _____

Period this funding request will cover: _____

Are you seeking support from other organizations? If yes, please list and requested amounts. _____

Project Description:

Project Goals and Objectives:

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How does this project apply to or further the mission of your organization?

It is a requirement to submit a project outcome summary at the completion of the project. Please submit this in letter format on your organization's letterhead with any supporting data or materials.

For Grantee:

I certify that the above information is true and correct to the best of my knowledge.

Signature of Authorized Representative

Date

Name/Title

For Grantor:

Determination/Approved Amount _____

Signature of Authorized Representative

Date

Name/Title