

EVERETT AREA FUND

GRANT APPLICATION COVER SHEET

Date of Application: _____ **Federal Tax ID #:** _____

Legal Name of Organization Applying: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person's Name: _____

Contact's Email: _____

Contact's Phone Number: _____

Project Name: _____

Brief Description of Project: _____

Amount Requested: _____ **Total Project Cost:** _____

Print Name: _____ **Date:** _____

Sign: _____