



**GRANT APPLICATION FOR ORGANIZATIONS**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Grant #**

\_\_\_\_\_ **Name of Organization or Agency requesting grant (Please print or type)**

\_\_\_\_\_ **Address**

\_\_\_\_\_ **City**

\_\_\_\_\_ **State**

\_\_\_\_\_ **Zip**

\_\_\_\_\_ **Phone #**

\_\_\_\_\_ **Contact Person**

\_\_\_\_\_ **Title**

\_\_\_\_\_ **Phone #**

\_\_\_\_\_ **ext.**

**Type of Organization or Agency:** \_\_\_\_\_

**Clients Served:** \_\_\_\_\_ **Mentally Retarded**

\_\_\_\_\_ **Individuals (50 years & older) in Extended Care Facilities**

**Describe what funds are to be used for. If equipment is requested, please attach two (2) estimates of cost.** \_\_\_\_\_

\_\_\_\_\_ **Amount Requested \$** \_\_\_\_\_

**Number of people to be served** \_\_\_\_\_

Have applications for this need been made to other sources? If yes, please list:

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Do you receive funds from United Way? \_\_\_\_\_

Are you vendorized by the R.C.? \_\_\_\_\_

Please check below where applicable:

\_\_\_\_\_ For Profit      \_\_\_\_\_ Non-Profit  
\_\_\_\_\_ Association      \_\_\_\_\_ Corporation

I, the undersigned, state that the information contained in this Grant Application is true and correct to the best of my knowledge. I also give permission for the use of name, address and photographs and/or interview by Community Assistance for the Retarded and Handicapped, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date