Grant Application Cover Sheet

Date of Application:			
Organization (legal name as on IRS determination le	tter):		
Address:			
City:	State:	Zip:	
Phone:	Alternate:	Fax:	
Executive Director:			
E-mail Address:			
Project Name:			
Purpose of Grant (one sentence):			
Date(s) of the Project:			
Amount Requested: \$	Total Project Cost: \$		
Contact Person/Title:	I		
Phone #:	Alternate:	Fax:	
E-mail Address:	I		
Address (if different than above):			
City:	State:	Zip:	
	I		
Attachment Check List	\Box //	0	
IRS 501 (c)(3) determination letter		тне 🍾	
(not applicable for schools or units of government) Project Narrative		OLESON	
Project Budget		FOUNDATION	
Board List		est. 1962	
Audited Financials (if necessary)		Kathy Huschke	
Annual Report (if available)		PO. Box 904	
Organization Chart	-	Traverse City, MI, 49685-0904	
Letters of Support (if any)	()	231-929-2605 Mail: kathy@olesonfoundation.org	
Signature, Chairperson, Governing Board		0	
Typed Name & Title		Date:	
Signature, Staff Head of Organization			
Typed Name & Title		Date:	
//···			

Typed Name & Title