**Angels Over Sandpoint, Inc.**



**Official Community Grant Application**

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| --- | --- |
| Applicant Organization: |  |
| Contact Person: |  | Position: |  |
| Mailing Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Phone: |  | Email: |  |
| IRS Status EIN/TIN #: |  | Date of Application: |  |
| **Authorizing Official’s Signature:** |  |

|  |  |
| --- | --- |
| Project Title: |  |
| Project Begins: |  | Project Ends: |  |
| Grant Amount Request: |  |
| **Please read instructions before completing this application.** |
| Abstract: (150 word Maximum) |
| Project Description (include accurate cost estimates): |
| Describe how the project will serve the needs of the community: |
| Describe the capability of the organization to complete the project: |
| Describe how the project will be funded in future years (if applicable): |
| Describe how the organization intends to recognize contributors to the project: |
| If awarded funding, please indicate to whom and the address to where the check should be sent: |