**Angels Over Sandpoint, Inc.**



**Official Community Grant Application**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | |