

EDUCATION LAW GRANT PROGRAM APPLICATION

CONTACT INFORMATION:

Legal Name of Organization: _____

DBA Name of Organization (If Applicable): _____

Mailing Address

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website / URL: _____

Application Contact Name: _____

Application Contact Phone: _____ Application Contact Email: _____

Name of CEO/Executive Director: _____

CEO/Executive Director Phone: _____ CEO/Executive Director Email: _____

ORGANIZATION INFORMATION:

Year Founded: _____

Mission Statement:

Geographic Area Served: _____

Tax-Exempt Status: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Website Address for Organization's Non-Discrimination Policy (if one exists): _____

Names and Occupations of Board Members:

GRANT REQUEST INFORMATION:

Name of Program or Project: _____

Describe in Detail How Grant Will Be Used:

Number of Students Served by this Program: _____

How Will You Evaluate the Success of the Program?:

FINANCIAL INFORMATION:

Most-Recent Fiscal Year Income: _____

Most-Recent Fiscal Year Expenses: _____

Website Address for Most-Recent IRS Form 990: _____