

Grant Application - Online Form

Thank you for your interest. SVP's grant committee reviews the letters of inquiry, selects 3-5 organizations, and invites them to submit a full proposal.

* Required

Organization Information

1. Organization Name *

2. Street Address *

3. City *

4. State *

5. Zip / Postal Code *

6. Organization Phone *

7. Website *

8. Mission Statement *

9. Which one of our focus areas do you fall under? (Check all that apply) *

Check all that apply.

Educational Opportunities

Safety & Support

Health & Wellness

10. Tell Us More About Who You Are and How You Envision Your Future *

11. EIN *

Contact Information

12. ED/CEO First Name *

13. ED/CEO Last Name *

14. ED/CEO Title *

15. ED/CEO Phone *

16. ED/CEO Email *

17. Primary Contact First Name (If different from above)

18. Primary Contact Last Name

19. **Primary Contact Title**

20. **Primary Contact Phone**

21. **Primary Contact Email**

Organizational Makeup

22. **Number of Full-Time Staff ***

23. **Number of Part-Time Staff ***

24. **Total Number of Clients Served ***

Financial and Budget

25. **Fiscal Year Start ***

Example: December 15, 2012

26. **Current FY Budgeted Revenue ***

27. **Current FY Budgeted Expense ***

28. **Last FY Total Revenue ***

29. **Last FY Total Expense ***
