

JAMES A. AND MARTHA R. BROWN  
CHARITABLE FOUNDATION, INC.

GRANT APPLICATION

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Organization Name (If name appears differently on the IRS Determination Letter, please explain)

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EIN (Federal Tax ID)

Year 501(c)(3) obtained

Organizational Fiscal Year End (date)

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Mailing Address

City

State

Zip

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Website

Phone Number

Fax Number

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Chief Executive's Name

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Primary Contact Name and Title

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Primary Contact Email Address

Phone

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Secondary Contact Name

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Secondary Contact Email Address

Phone

Describe the Organization's mission:

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Organization's Board of Directors:

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Please attach the Organizational Budget for the current year:

Project Name: \_\_\_\_\_

Amount of this Request: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Total project funds raised from other sources \$ \_\_\_\_\_

Sources and amounts of other funding:

_____	_____
Source	Amount

_____	_____
Source	Amount

_____	_____
Source	Amount

Summarize the purpose of your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many will the Project serve? \_\_\_\_\_

What is the duration of the Project? \_\_\_\_\_

What is the geographical area the Project will serve?  
\_\_\_\_\_  
\_\_\_\_\_

If the Project is a collaboration, please describe the partner(s):  
\_\_\_\_\_  
\_\_\_\_\_

What results are expected to be achieved as a result of the funding?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you measure the effectiveness of the Project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Representative

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Date

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Print Name

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Print Title

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Signature of Board President/Chair

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Date