2024 EJMP Grant Application Cover Sheet

Organization Information

Name of Organization   Employer Identification Number (EIN)

_____

Address   City & State   Zip

_____

Executive Director   Phone   E-mail

_____

Point of Contact for Request   Title   Phone   E-mail

_____

Organization's Mission:

Brief Overview of Request

Requested Amount

Grant is being requested to fund: (check one)

☐ General Operating $_____   ☐ Project $_____

Submission of this Request has been Approved by:

Print Name & Title:_____   Date:_____

Signature:_____