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 Request Amount: $_____

Submission of this Request has been Approved by:

Print Name & Title:_____ Date:_____

Signature:_____