

Angels Over Sandpoint, Inc.

Official Grant Application

Applicant Organization: _____

Contact Person: _____ Position: _____

Mailing Address: _____

City _____ Zip Code _____

Phone _____ Fax _____

Authorizing Official's Signature: _____

Date of Application: _____

Project Title: _____

Project Begins: _____ Project Ends: _____

Grant Amount Requested: _____

Please read instructions before completing this application.

Abstract: (150 word Maximum)

Project Description:

Describe how the project will serve the needs of the community:

Describe the capability of the organization to complete the project:

Describe how the project will be funded in future years (if applicable):

Describe how the organization intends to recognize contributors to the project:

If awarded funding, please indicate to whom and the address to where the check should be sent: