Information Form
Neighbor Launch
Grant Program

Organization Requesting Funds:

Legal IRS Name:

Employer ID Number:

Full Address:

Grant Information

Amount Requested:

CEO of Organization

Prefix and Full Name:

Title:

Phone Number: E-Mail:

Person legally responsible for signing grant contracts (if not president or CEO)

Prefix & Full Name:

Title

Phone Number E-Mail:

Person to whom grant payments should be mailed

Prefix & Full Name:

Title:

Full Address:

Phone Number: E-Mail

Person responsible for program oversight (program director)

Prefix & Full Name:

Title:

Full Address:

Phone Number: E-Mail: