



# Application for Community Grant

All applications will be submitted for consideration to the GLAR Board of Directors. You will be contacted if your organization is chosen to receive funds for any event/purpose.

Date of application: \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is your organization tax exempt under IRS 501(c)(3)?**     No     Yes (please attach W9)

Year organization established: \_\_\_\_\_

**Description of organization:** \_\_\_\_\_

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**If your organization received a grant, for which project(s) would the funds be used for?**

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