

THE GREG JENNINGS FOUNDATION

REQUEST FOR FUNDS

Please review the Request for Funds Guidelines before filling out this form

Organization Name: _____ **Date:** _____
Are you federally approved 501(c)(3)? Yes No **9-Digit Tax ID number:** _____
Mailing Address: _____
City: _____ **State:** MI WI **Zip:** _____
Contact Person: _____ **E-mail:** _____
Office Phone: _____ **Fax:** _____ **Website:** _____
How does your organization align with our mission and vision?

Your organization assists: (mark all that apply) **Your organization values their:** (mark all that apply)

<input type="checkbox"/> Pre-K	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Education	<input type="checkbox"/> Excellence
<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School	<input type="checkbox"/> Achievement	<input type="checkbox"/> Leadership
<input type="checkbox"/> High School	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Advancement	<input type="checkbox"/> Effectiveness

Program/Project Title: _____
Amount of this request: _____ **Total budget for program/project:** _____
Program/project time period: _____
Description of program/project:

Have you applied for a grant from us before? Yes No **If yes, was it granted?** Yes No

The undersigned hereby certify that the information contained in this request is correct to the best of our knowledge.

Signature of Director: _____ **Date:** _____