

THE GREG JENNINGS FOUNDATION

for underprivileged children and families

GRANT REQUEST

Organization Name:

Are you Federally approved 501(c)(3)? YES NO

If so, ID number:

Mailing address:

City

State

Zip

Name of main contact:

Phone number:

Fax:

Email:

Your organization assists with:

Underprivileged Families

Underprivileged Children

Elderly

Your organization assists with the above and their:

Health

Education

Other - Please list:

Program/Project Title:

Amount of this request:

Total budget for request:

Program/project time period:

Brief description of program/project:

The undersigned hereby certify that the information contained in this Grant Application/Request is correct to the best of our knowledge.

Signature of Director:

Date:
