|  |  |
| --- | --- |
|  | McKenna Foundation GRANT APPLICATION FORM 2019 |
| **ORGANIZATION INFORMATION** |
| Organization name: |
| Mailing address: |
| City: | State: | ZIP: |
| EIN: | Phone: | Fax: |
| Organization Mission:  |
| Organization website URL: |
| Total annual operating budget for organization (current fiscal year):  |
| Percent of board members who give financially to the organization: |
| Year of origin: | Is this a United Way funded agency?: |
| **about requested amount** |
| Amount of request: | Total project cost: |
| Number of clients to be served by this program/project (during the grant period): |
|  |
| McKenna Grant Portfolio (select one): □ Strategic Grant □ Health □ Family Relationships □ Other (staff approval required)rome □ Basic Living Needs el□ Education □ Community Development):  |
| **ABOUT THE PRoposal** |
| Title: |
| Description: |
| Project start date or date funds are needed: |
| Target geographic area: |
| **about contact people** |
| Prosposal Prepared By:  |
| Primary prosposal contact name: Title: |
| Phone: | Email: |
| **Signatures** |
| Executive Director or CEO: | Date: |
| Board Chair: | Date: |