

The Crail-Johnson Foundation Online Grant Request Form

A. GENERAL INFORMATION:

Organization Name (Legal): Tax ID #:
Address: Year Incorporated:
City: State: Zip:
Phone Number: Fax Number:
Website:
President/CEO/Executive Director:
Primary Contact Person & Title for this request:
Primary Contact Email Address:
Organization's Fiscal Year Calendar (e.g., July 1 - June 30):
Total Organization Budget: Current Fiscal Year: Previous Fiscal Year:
Annual number of people served by the organization:
Annual number of People served by the program/project for which support is requested (if applicable):
Primary Service Planning Areas (SPAs) Currently Served by organization:
Primary Service Planning Areas (SPAs) Currently Served by this request (if different from above):
Cities:
Neighborhoods:
Zip Codes:

B. REQUEST

In 1 -2 sentences, please describe the intent of this request, including target population:

Amount Requested:
Type of Request: General Operating Program/Project Other (please specify):
(check only one) Name of program/project (if applicable):

Total Project Budget (if applicable):

Organization's Primary Focus: Health
(please check only one) Education
Human Services
Other (please specify):

Request's Focus: Health
(please check only one) Education
Human Services
Other (please specify):

C. Please complete the following for this request:

Services: Please describe the programs and services that your organization provides, including the specific program requested if applicable.

Goals: Please describe the goals of the programs and services the organization provides, as well as specific goals for the program or project if applicable.

Outcomes: Please state the outcomes for the organization's programs and services and expected outcomes for the program or project if applicable.

Methods of Evaluation: Please describe the organization's methods for evaluating your programs and services, as well as the program or project if applicable.