

**The Crail-Johnson Foundation Online Request Form**

Organization Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ Year Organization Founded: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Primary Contact \_\_\_\_\_ Title \_\_\_\_\_  
Primary Contact Email: \_\_\_\_\_

**Primary Area(s) Currently Served**

Primary Service Planning Area (SPA): \_\_\_\_\_  
Cities: \_\_\_\_\_  
Neighborhoods: \_\_\_\_\_  
Zip Code(s): \_\_\_\_\_

**Check one:**  For general support       For a specific program \_\_\_\_\_

Name of Program for which support is requested (if applicable): \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Annual number of people served by Organization: \_\_\_\_\_

Annual number of people served by the program for which support is requested: \_\_\_\_\_

Total Organization Budget: \$ \_\_\_\_\_ Total Project Budget: \$ \_\_\_\_\_

Organization's Primary Focus (check one):  Health  Education  Human Services  Art  Other \_\_\_\_\_

Requested Program's Focus (check one):  Health  Education  Human Services  Art  Other \_\_\_\_\_

**Answer the following for the entire organization or for the specific program funds being requested:**

Services:

Goals:

Expected Outcomes:

Methods of Evaluation: