



Grant Application

Date of Application: _____

Applicant Name: _____

Organization (if any): _____

Contact Person/Title: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Project Name: _____

Purpose of Grant: _____

Beginning and Ending Project Dates: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Is your organization an IRS 501(c)3 not-for-profit? ____ Yes ____ No

Please complete this application and return to the Fleetwood Neighborhood Association.

Filling out an application does not guarantee that funds will be released. The FNA board meets once a month and will notify applicant by phone or email of the results.