**Grant Application**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us more about your non-profit organization and grant application needs (if you need more room, please continue on the additional page):

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Is your organization a 501(C)3 ? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_

Does this application represent the entire expected budget for this project? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If the Valentine Foundation does not completely fund this grant request, what will happen? (select one)

Project will not advance \_\_\_\_\_\_\_\_ Scope of project will decrease \_\_\_\_\_\_\_\_

Additional funding is or will be secured \_\_\_\_\_\_\_\_\_

Supplemental information continued:

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