

GRANT APPLICATION

Ed Rachal Foundation
555 N. Carancahua St., Suite 700
Corpus Christi, TX 78401

SECTION A: ORGANIZATION

Legal Name of Organization:

Assumed Name / Doing Business As:

Mailing Address:

City:

State

Zip Code

Organization Website:

Federal Tax ID#

Year Established:

501(c) (3)

Yes

No

Type of Entity:

SECTION B: ORGANIZATION PRESIDENT / EXECUTIVE OFFICER

Name of Executive Director:

Title of Executive:

Phone Number

Fax Number

Email Address

SECTION C: CONTACT PERSON

Name of Contact:

Title of Contact:

Mailing Address:

City:

State

Zip Code

Phone Number

Fax Number

Email Address

SECTION D: ORGANIZATION BUDGET AND STAFF

Total Organization Budget \$	Number of Board Members
Number of Paid Staff	Number of Volunteers

SECTION E: ORGANIZATION MISSION STATEMENT

SECTION F: BRIEF DESCRIPTION OF ORGANIZATION

SECTION G: GEOGRAPHIC AREA SERVED IN TEXAS

SECTION H: PREVIOUS GRANTS RECEIVED FROM US

Amount (1)	Date (1)
Amount (2)	Date (2)
Amount (3)	Date (3)

SECTION I: PROPOSAL REQUEST

Project Name

Requested Amount \$	Type of Request
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SECTION J: DESCRIPTION OF REQUEST

[Empty box for description of request]

I have reviewed this application and all information provided herewith and believe it to be true, correct and complete. I further represent that the governing body of the organization authorizes the preparation of this form and the request for funds. I certify that the organization will keep and maintain adequate records to verify the actual use of any funds received pursuant to this request and will fully cooperate with the Foundation's independent auditors in the completion of the Foundation's annual audit and tax return. I further certify that all funds will be utilized within the State of Texas and for the benefit of the residents of Texas.

Signature

Date

NOTE: Please submit with all required documents as stated in the Grant Guidelines