



**Shirley Charitable Foundation
Grant Application**

Date _____

Organization name _____

Address _____

Organization Info – 501(c)(3) yes____ no____ (if yes FIN # _____)

Other than 501(c)(3) explain _____

Contact person _____ Phone _____

Brief description of organization _____

Request Information:

Program/Project name/description _____

Program total budget _____ Request amount _____

Program targeted age group _____ Program time frame _____ to _____

Other proposed funding _____

Goals and Objectives of the program _____

Budget details _____

How will the program be managed _____

If an ongoing program, how will it be funded in the future _____

Have you received grants in the past From the Shirley Charitable Foundation – yes _____ no _____

If yes how much and for what program _____

I submit the information above as being accurate and agree to be available if the Foundation would like a presentation of this program at a Foundation meeting. If this request is funded, I agree to submit a final report to the Foundation within 60 days after completion of the funded program detailing success, failure, possible improvements, budget recap and suggestions to the Foundation's process.

Signature _____ Date _____

Signature _____ Date _____