

ELSIE & WILLIAM VILES FOUNDATION APPLICATION

APPLICATION FOR GRANT (Requesting >\$5000.00 and <\$25,000.00)

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Tax ID#: _____ Phone: _____ Email: _____

Total Number of Board Members: _____ Total Number of Volunteers: _____

Total Annual Organization Budget: _____ Fiscal Year End: _____

Is Entity a National Organization: Yes No Public 501(c)(3) Yes No

Project Proposal Narrative

Complete the following fields or attach a narrative no more than 2 pages

Brief Summary of the Proposal:

Description of specific request, including goals and objectives:

Brief Summary of Organization's Mission:

Additional Information about the organization's overall programs and project or capital support requested:

Specific activities and timetable for meeting your stated objectives:

Amount Requested

Amount requested: _____ (>\$5000.00 and <\$25,000.00)

Use of Funds: Operating Project Capital Other

Send 3 copies of completed application and supporting documentation to:

Elsie & William Viles Foundation, PO Box 319, Augusta, Me 04332-0319