

# ELSIE & WILLIAM VILES FOUNDATION

**REQUEST FOR GRANT (Requesting >\$2500.00 and <\$25,000.00)** Please print or type

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 Y or N

Public 501(c)(3) Y or N

**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: \_\_\_\_\_ (>\$2500.00 and <\$25,000.00)

Use of Funds:    Operating    Project    Capital    Other

**Send 4 copies of completed application and 1 copy of required material to: Elsie & William Viles Foundation, PO Box 319, Augusta, Me 04332-0319**