Fighting For Alyssa (FFA)

Grant Application

Please read this application carefully and complete each section. Incomplete applications will not be processed.

Date

Name of Organization	
Mailing Address	
City, State, Zip	
Contact Person Name	
Telephone Number	
Email Address	
EIN (Federal Tax ID #)	
Project Name	
Number of people that will benefit (estimate)	
Time Period of Project/Date of Event	
Amount Requested	
AGREE " below, you are confirming that the employees, volunteers, board members, or t color, religion, gender, national origin, age, r ancestry, sexual orientation, or any other characteristics.	authorizations r grants to comply with its nondiscrimination policy. By checking "I organization applying for a grant does not discriminate against the members, client, or students it serves on the basis of race, medical condition, veteran status, marital status, handicap, aracteristic protected by law.
□ I Agree	
□ I do not agree (Explanation)	
hereby certifies that the information in this green exemption determination letter has not been current sources of support are not inconsisted	overning board, or the Chief Executive Officer, has reviewed and rant application is true and correct, and certify that the Federal tax revoked and the present operation of the organization and its ent with the organizations continuing tax exempt classification as so certify that you have read the Funding Criteria portion of this
Chief Executive or Authorized Officer Na	me:

funds, if awarded, would be used. Use as much space as needed to <u>briefly</u> and adequately describ
the organization and project for which funds are being requested:
Organization Description
Project Description
Purpose of Funds

Organization & Project Description & Purpose of Funds: In the text box below, include a description of the organization; indicate the services provided that describes specifically how the