



Grant Application

Please type or print information

Organization Name and Address _____

Project Name _____

Contact Person _____ Title _____

Email _____ Phone _____

Authorized Signature Required _____ Date _____

Name _____ Title _____

Project's beginning and end date _____ Or, ongoing

Total amount requested \$ _____

Total Project Budget \$ _____

Total annual Budget of Organization \$ _____

Please list the top 3 contributors for this project.

Name _____ Donation amount _____

Name _____ Donation amount _____

Name _____ Donation amount _____

Is your organization formed as an IRS 501(c)(3) not-for-profit? Yes No

If no, please provide organization's federal tax classification.

Please describe how this project reflects the FCBF mission of promoting access to justice for all people in the community.

Will this project benefit Franklin County residents?

Yes

No

If no, please explain.

Please describe project in detail. Include project objective, impact, and expected results. (Attach a one page narrative if necessary.)

Please describe in detail how you will evaluate the success of this project qualitatively and quantitatively.

Please email application to director@franklinbar.org