



FUND FOR IDAHO
2019 PERSISTENCE FUND
Grant Application Cover Sheet

Application Date: _____

Organization Name: _____

Address: _____

Telephone number _____ Fax number: _____

Email address: _____ Web site: _____

Director: _____

Contact person and title (if not director): _____

Organization Tax Status:	<input type="checkbox"/> 501(c)(3) organization as recognized by the IRS
Tax ID Number (EIN): ↓	<input type="checkbox"/> Sponsored by a 501(c)(3) or federally recognized tribal government
	<input type="checkbox"/> Federally recognized American Indian tribal government

Name of Fiscal Sponsor: _____

Matching Grant amount requested: _____ Year organization was founded: _____

What part(s) of Idaho do you serve? <input type="checkbox"/> Statewide <input type="checkbox"/> Treasure Valley <input type="checkbox"/> Southeast Idaho <input type="checkbox"/> Central Idaho <input type="checkbox"/> North Idaho <input type="checkbox"/> Far North Idaho <input type="checkbox"/> Other: _____
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Grant Issue Priority: <input type="checkbox"/> Immigration <input type="checkbox"/> Disability & Health Care Rights <input type="checkbox"/> Other _____
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Budget Questions:	Fiscal Year Starting date: _____
For all applicants:	Fiscally sponsored groups do not need to provide their fiscal sponsor's annual budget information, just their own operating budgets.
Full 2019 organization budget _____	
Projected 2020 budget _____	

Summarize the organization's mission (**max 500 characters**):

Summary of project or grant request (**max 500 characters**):
