Application Date:

Organization Name:

Address:

Telephone number Fax number:

Email address: Web site:

Director:

Contact person and title (if not director):

|  |  |  |
| --- | --- | --- |
|  **Organization Tax Status:** | 🞏 | 501(c)(3) organization as recognized by the IRS  |
| **Tax ID Number (EIN): 🡻** | 🞏 | Sponsored by a 501(c)(3) or federally recognized tribal government |
|  | 🞏 | 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? 🞎 Statewide 🞎 Treasure Valley 🞏 Southeast Idaho

🞏 Central Idaho 🞏 North Idaho 🞎 Far North Idaho 🞏 Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

Grant Issue Priority: 🞏 Immigration 🞏 Disability & Health Care Rights 🞏 Other

|  |  |  |
| --- | --- | --- |
| **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 2023 organization budget |  |  |
| Projected 2024 budget |  |  |

Summarize the organization’s mission (**up to 500 characters**):

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