



# FUND FOR IDAHO

## 2024 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): \_\_\_\_\_

<b>Organization Tax Status:</b>	<input type="checkbox"/> 501(c)(3) organization as recognized by the IRS
<b>Tax ID Number (EIN):</b> ↓	<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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<b>Budget Questions:</b>	Fiscal Year Starting date: _____
<b>For all applicants:</b>	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**):

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

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