TCBS FOUNDATION, INC

Grant Application

APPLICATION DATE:	*MUST INCLUDE COPY OF IRS EXEMPT STATUS LETTER
ORGANIZATION NAME:	
ADDRESS:	
PHONE NUMBER:	FAX NUMBER:
CONTACT PERSON (include title):	
EMAIL:	
GRANT REQUEST (amount):	
EVENT/PROGRAM/PROJECT TITLE:	
SUMMARY OF PROJECT / GRANT REQUEST:	
Please review the Grant Application Checklist and make sure to include all of the required documents with this application. Incomplete applications will not be considered for funding.	
FOR FOUNDATION USE ONLY	
Date received:	Does this grant qualify: YES NO
Approved: YES NO	Funded: