



Challenge Match Grant Application

SECTION ONE: COVER PAGE

Date of Application	
ORGANIZATION INFORMATION	
Applicant Organization (Full Legal Name)	
Tax Exempt ID # (EIN)	
Name of Executive Director	
CONTACT INFORMATION	
Proposal Contact Name	
Title	
Phone	
Fax	
E-mail	
Street Address	
City	
State	
Zip Code	
Organization Website	
Mailing Address (if different than street address)	
City	
State	
Zip Code	



ORGANIZATION FINANCIAL AND SERVICE INFORMATION	
Organization's Budgeted Expenses for Current Year (give fiscal year end mm/dd/yy)	\$
Organization's Major Funding Source(s)	
Total number of persons served in last fiscal year	
Brief demographic description of population served by the organization	
ORGANIZATION'S AFFILIATION	
<input type="checkbox"/> United Way <input type="checkbox"/> Chapter of national or regional organization specify:	

GRANT REQUEST DATA	
Program/Project Title	
Total Budget for this Program/Project	\$
Amount of this request	\$
Anticipated Project Start Date	
Community/Counties served by this Program/Project	
TYPE OF REQUEST	
<input type="checkbox"/> Match Funds	
SIGNATURES (both are required unless otherwise specified by funder)	
Signature of Executive Director	
Signature of Board President	



4) Please detail the process that will be used for distribution.

5) Do you expect to collaborate with another DD serving organization to utilize this grant? If so, who and what will the partnership entail? What will the benefit be to the partner? **(500 words or less)**