

New Orleans Town Gardeners, Inc. Grant Proposal Summary Sheet

Date of Application: _____

Legal Name of Organization: _____

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____ Current Annual Operating Budget: \$ _____

Purpose of Organization: _____

Executive Director: _____ Email: _____

Contact Person/Title: (if different from Executive Director): _____

Address (principal/administrative office): _____

City: _____ State: _____ Zip: _____

Mailing Address, if different from above: _____

Phone: _____ Fax: _____

Website: _____

Project Name: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Project Description and Goals: _____

Type of Support requested (i.e. Operating, Endowment, Start-up, Other – specify)

Is this request submitted exclusively to NOTG? Yes _____ No _____ If not, please complete:

	Funders	Amount Requested	Amount Received
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Agreement:

To the best of my knowledge all information in this proposal is correct. If a grant is awarded to this organization, the proceeds of this grant will not be used for purposes other than described in this application.

Signatures:

President, Board of Directors Date: _____

Executive Director Date: _____

****You may attach any additional background information.***