

CROSSROADS FUND – GRANT APPLICATION COVER SHEET

Type of Grant: Seed Fund
 Technical Assistance Fund
 Emergency Fund

Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

- Amount Requested: \$ _____ Purpose: _____
- Tax Status: 501(c)(3) Other: _____
- Name, address, phone and contact of fiscal agent, if applicable: _____
- Current Fiscal Year ORGANIZATION budget: \$ _____ PROJECT budget: \$ _____

If you receive this grant, will it be your organization's first foundation grant? Yes No

Have you applied to Crossroads before? Yes No If yes, when?

Have you received funding from Crossroads? Yes No

If yes, list dates and amounts of previous grants: _____

If yes, have you filed the progress report for your most recent grant? ** Yes No **

***If no, please enclose a copy of the progress report with this request.*

Your proposal will not be considered for funding without a progress report for your most recent grant.

SUMMARY:

Using only the space below, please provide a brief summary of your proposal. (For Seed Fund only)