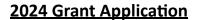




| Applicant Organization: | | | | | |
|---|------------------------------------|------------|-----------|---------|--|
| Mailing Address: | | | | | |
| City: | Stat | e: | | Zip: | |
| Telephone: | Fax: | : | | County: | |
| Website: | | | | | |
| recutive Director: | | | Email: | | |
| itle (if different): | | | Phone: | | |
| AX STATUS | | | | | |
| Please confirm Tax Status. Must be | a 501(c)(3) to qua | dify | | | |
| | a so ito jis) to qua | aniy. | | | |
| Legal Name, per IRS determination | | iiiy. | | | |
| Legal Name, per IRS determination Tax ID #: | | Date of IR | S letter: | | |
| Tax ID #: | | Date of IR | S letter: | | |
| Tax ID #: RGANIZATION'S MISSION / KEY | ACCOMPLISHMEN | Date of IR | S letter: | | |
| Tax ID #: PRGANIZATION'S MISSION / KEY | ACCOMPLISHMEN | Date of IR | S letter: | | |
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| | ACCOMPLISHMEN | Date of IR | S letter: | | |
| Tax ID #: PRGANIZATION'S MISSION / KEY | ACCOMPLISHMEN ectives and/or activ | Date of IR | S letter: | | |
| Tax ID #: PRGANIZATION'S MISSION / KEY Brief statement of organization's ob | ACCOMPLISHMEN ectives and/or activ | Date of IR | S letter: | | |

2023/12 Rev.5 Page 1





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| Project/Program Title: | | |
|---|-----------------------|---|
| Project/Program Location: | | |
| Total Project/Program Budget: \$ | | Amount requested: \$ |
| Timeframe for amount requested: | From: | То: |
| Describe use of funds requested: (i.e. s | staff costs, consulta | nt fees, materials) |
| PROJECT/PROGRAM SUMMARY Provide a brief description of the overal | I program/project fo | r which funds are sought. 150 words or less |
| Please list other support you are seekir partnerships with other nonprofits on th | | government agencies, as well as any potential |

SUBMIT LETTER OF INQUIRY

Please email the following items to nsfbod@gmail.com by the submission deadline: (1) completed Application Form, (2) copy of the 501(c)(3) documentation letter, and (3) IRS Form 990.

2023/12 Rev.5 Page 2