



ORGANIZATION INFORMATION

Applicant Organization:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	County:
Website:		
Executive Director:		Email:
Title (if different):		Phone:

TAX STATUS

Please confirm Tax Status. Must be a 501(c)(3) to qualify.	
Legal Name, per IRS determination:	
Tax ID #:	Date of IRS letter:

ORGANIZATION'S MISSION / KEY ACCOMPLISHMENTS

Brief statement of organization's objectives and/or activities:
Geographical area(s) where program activities are provided:
Annual operating budget: \$ Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of organization's key accomplishments over the last two years:

SUMMARY OF REQUEST

Project/Program Title:	
Project/Program Location:	
Total Project/Program Budget: \$	Amount requested: \$
Timeframe for amount requested:	From: To:
Describe use of funds requested: (i.e. staff costs, consultant fees, materials)	

PROJECT/PROGRAM SUMMARY

Provide a brief description of the overall program/project for which funds are sought. <i>150 words or less</i>
Please list other support you are seeking from foundations/government agencies, as well as any potential partnerships with other nonprofits on this project.

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.
