



Grantwriter Assistance Program (GAP)
Application Form

Applicant Information:

Applicant Organization: \_\_\_\_\_

Applicant Organization mailing address: \_\_\_\_\_

Organization's contact information: Phone: \_\_\_\_\_
E-mail: \_\_\_\_\_
Web-site: \_\_\_\_\_

Authorizing Representative for Applicant Organization: \_\_\_\_\_

Representative Contact information: Home Phone: \_\_\_\_\_
Cell Phone \_\_\_\_\_
E-mail: \_\_\_\_\_
Web-site: \_\_\_\_\_

What is the name of your Project? \_\_\_\_\_

Name of Grant writer Requested: (on the list) \_\_\_\_\_

Grant writer Address (if name is not on list): \_\_\_\_\_

Qualifications of Grant writer (if name is not on list):
\_\_\_\_\_
\_\_\_\_\_

Will you be using this grantwriter to solicit funds from local foundations (in county)? Yes No

Please answer the following points about your project:

- What is the purpose of the project?
• What is the overall cost of the project? (attach detailed budget, if possible)
• Who directly benefits from the project?
• How does the project relate and/or improve development activities in the county?
• Are there other organizations participating-assisting in this project (please list)?