



Contact Form

Please complete this contact form and submit it with your Concept Letter.

Project Name:

Short Project Description: *(No more than 2 sentences)*

Type of Grant Requested:

Technology Grant

Impact Project Grant

Don't know

Name of Organization:

Federal EIN:

Address:

Website:

Focus Area(s): *(Select all that apply)*

Food & Basic Necessities

Shelter & Safety

Healthcare Access

Educational Opportunities

Jobs & Skills Training

Main Contact Name:

Main Contact Title:

Main Contact Email:

Main Contact Phone:

Alternate Contact Name: *(Optional)*

Alternate Contact Title: *(Optional)*

Alternate Contact Email: *(Optional)*

Alternate Contact Phone: *(Optional)*