

# McKinleyGriffen.com Matching Grant Application

### **Contact Information**

Full Legal Organization

Name

**Street Address** 

City

Zip Code Country

Organization Website

**Contact Person** 

Title E-Mail Address

Phone Number Phone number

## **Organization Information**

501(c)(3)? Yes EIN Year Established

other

If other define
your Status or
structure

Good Works! is
available to various
types of tax exempt
Organizations/
Entities.

Total # of Board Total # of Wembers Staff Volunteers

**Organization** 

Mission Statement (350 characters Max)

Brief Description of Organization (500 characters Max Population Served (200 characters or less)

## **Proposal Request**

Program / Project Name	
Define Project (include time- lines if applicable)	
Total Existing Program Budget	
The standard Non-Profit 1	ate for Agency service is \$150/ hour. Under the Good Works! Grant, each paid hour is Matched with a free hour
Service Requested	
Period From	То
Multi-Year?	Yes No
Geographic Area of Project or Service	
Priority Areas. Goals. Additional notes	
How were you refe	red to our Good Works! program?

Please attach any material you feel will help in our initial review. Note that we may request additional information.

#### SAVE this application when completed,

email to: info@McKinleyGriffen.com

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