



Grant Application

Applicant Information:

Project Name: _____

Organization: _____

Main Point of Contact: _____

Org. Address: _____

Contact Title: _____

Org. City, State ZIP: _____

Contact Telephone: _____

Org. Telephone: _____

Contact Cell Phone: _____

Org. Fax: _____

Contact Fax: _____

Org. Website: _____

Contact E-mail address: _____

Is the applicant a 501(c)(3)? Yes No

Proposed Grant Information:

Summary Description of Project: _____

Amount of Request: _____

Applicable Fund (select one):

Weatherization Fund

Economic and Community Development Fund

Energy Technology Fund

Proposed Grant Period: _____

Total Project Budget: _____

Additional Sources of Funding: _____

Please attach additional sheets of paper if the space above is insufficient for any item.



Additional Information:

Please attach the following components of the grant proposal to this application form, labeled as the following exhibits:

- Schedule A: A description of the applicant organization, including history, goals and objectives, programs and services and organizational structure.
- Schedule B: A detailed description of the program or project, including a description of the need being addressed, geographic area served, objectives and goals, the timeline of the project, a description of the affected population, and anticipated outcomes or measures of success.
- Schedule C: An itemized project budget, including an indication of how the proposed grant funds would be applied within the budget.
- Schedule D: A list of milestones and deliverables in connection with the project and the proposed grant.
- Schedule E: A detailed description of (a) any additional sources of funding to be utilized in connection with the proposed project, (b) other organizations who have agreed to collaborate on the proposed project, and (c) any conditions or approvals that must be obtained in order to proceed with the proposed project.
- Schedule F: The balance sheet of the recipient as of the most recently ended fiscal year, accompanied by statements of income and cash flow for such fiscal year.

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

Authorizing signature (President of the Board or Executive Director):

Name:

Date

Title: