



GRANT APPLICATION COVER SHEET WOMEN'S FUND OF NEW HAMPSHIRE

2010 GRANT APPLICATION COVER SHEET

Date of Application:

Organization name:

Mailing Address:

Telephone number:

Fax Number:

E-mail address:

Tax exempt status (enclose copy of your 501(c)(3) letter or that of your sponsoring organization):

Year organization was founded:

Director:

Contact person and title (if not same as Director):

Amount of grant request:

Time period grant covers:

Project title:

County(ies) where project will take place:

Total project budget:

Total organizational budget (current fiscal year):

Starting date of current fiscal year:

Summary of organization's mission:

How does this program result in or promote social change for women and girls in the state of New Hampshire?

Summary of project or grant request: