

McCARTY & ASSOCIATES
A M A R K E T I N G F I R M

221 W. Railroad, Suite 6 ♦ P.O. Box 1488 ♦ Shelton, WA 98584
(360) 426-8374 ♦ Fax (360) 427-6872
www.McCartyAndAssociates.com

Grant Application Form

1. Legal Name of organization:

Address, Telephone and Fax:

Email address: _____

Web address: _____

Name and title of Contact Person:

(Please select only one person who we will be working with as a contact.)

Name of Executive Director:

Name of President of Board:

Federal ID number:

2. Name of IRS 501(c) (3) nonprofit (Please attach copy of designation letter from the IRS.):

3. Services Requested:

4. State Your Organization's Mission (Brief summary of 2 sentences):

5. Summarize the proposal and its strategic purpose, including the name of the project or the capital campaign, if applicable (Brief summary of 2 Sentences):

6. List the Proposal's Target Population, Constituents, and Geographic Communities:

Please send completed application and any other attached materials/references by June 2, 2008 to:

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Shelton, WA 98584