



The Christie Foundation

GRANT APPLICATION COVER SHEET

Organizational Name: _____

Project Name: _____

Contact Name: _____ Title: _____

Mailing Address of Organization: _____

Street Address, if different: _____

Phone: _____ Fax: _____

Email Address: _____ Website: _____

Annual Budget: \$ _____ Your Fiscal Year: _____

Funds Requested: \$ _____ Total Project Budget: \$ _____

Year Founded: _____

A 50-word summary of the project, the audience, and the intended impacts/outcomes:

For internal use only:

Date of application: _____ 501(c)(3) status provided: Y / N

Service region: Y / N

Focus: Y / N