



MORDEN AREA FOUNDATION

Women's Giving Circle

Grant Application Cover Page

Name of Organization: _____

Organization Address: _____
Number Street City Postal Code

Phone: _____ Email: _____

Organization Email: _____

Organization Website: _____

Organization Total Operating Budget: _____

Contact Person Name: _____

Contact Person Phone: _____ Contact Person Email: _____

Name of Project/Program (if applicable): _____

Amount of Total Project/Program Budget: _____

Amount Requested from WGC: _____

Date Project/Program began/will begin: _____

Date Project/Program will end: _____

Additional Information: _____

I approve submission of this grant application. I certify that the grant application and the organization does not discriminate on the basis of race, creed, color, gender, age, sexual orientation, national origin or disability. I certify that the application information and attachments are correct and true, to the best of my ability.

Name and Signature of Executive Director:

Name Signature Date