



ELIZABETH STAMPEDE FOUNDATION

GRANT APPLICATION FORM

Name of Individual or Organization: _____

Address _____

Email Address _____ Phone _____

Names and addresses of other individuals whose needs will be covered by the requested Grant:

Explain the need for which the Grant is being requested:

Explain exactly how the grant funds will be used:

Who will prepare the quarterly written reports, describing how the grant funds are used:

Who will be responsible for accounting for how the grant funds are used:

By signing the grant application form, the Applicant covenants and agree that the grant funds will be used for only the reasons specified in the application. The Applicant also agrees that Applicant will provide quarterly reports and accounting of the use of the funds to the Elizabeth Stampede Foundation. Any misstatement or misrepresentation in either this application or the required reports and accountings will be considered as a fraudulent act, punishable by the Elizabeth Stampede Foundation and law enforcement authorities.

Applicant:

Date_____
