Grant Request Form

GENERAL INFORMATION:

Name of the Organization: *

_____

Full Address of the Organization: *

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_____

Organization's Website: *

_____

Organization's CEO/Executive Director: *

_____

Contact Person's Name & Title: *

_____

Contact Person's Phone Number: *

_____

Contact Person's Email: *

_____

Brief Description of Organization, its Mission, and Years in Existence: *

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_____

Organization's Nonprofit Designation: *

- o   501(c)(3)
- o   Unit of Government
- o   Public School

Employer Identification Number (EIN): *

_____

PROGRAM INFORMATION:

Dollar Amount Requested: *

$ _____

Name of Program/Project: *

_____

Description of Program/Project Activities that will Utilize the Grant Funds: *

_____

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_____

AUTHORIZATION:

By submitting this application, I certify that I am authorized to make this request for a grant for the above-named organization. *

Name: *

_____

Date: *

_____

Please note: In order for your grant request to be reviewed, please submit this form to Sarah McPherson at sarah@springfieldfoundation.org.

Grant Submission Deadline is February 27, 2026 at 5pm.

Grant Notification will be sent by May 1, 2026.