



McKinley Griffen.com Matching Grant Application

Contact Information

**Full Legal
Organization
Name**

Street Address

City

State

Zip Code

**Organization
Website**

Contact Person

Title

E-Mail Address

Phone Number

Phone number

Organization Information

501(c)(3)?

Yes

EIN

Year Established

**othe
r**

**If other define
your Status**

**Good Works! is
available to various
types of tax exempt
Organizations/
Entities.**

**Total # of Board
Members**

**Total # of
Staff**

**Total # of
Volunteers**

**Organization Mis
sion Statements**
(350 characters or
less)

**Brief
Description of
Organization**
(500 characters or
less)

Population Served
(200 characters or less)

Proposal Request

Program / Project Name

Define Project
(include time-lines if applicable)

Total Existing Program Budget

The standard Non-Profit rate for Agency service is \$150/ hour. Under the Good Works! Grant, each paid hour is Matched with a free hour.

Service Requested

Period From

To

Multi-Year?

Yes

No

Geographic Area of Project or Service

Priority Areas. Goals.

Additional notes

How were you referred to our **Good Works! program?**

Please attach any material you feel will help in our initial review.
Note that we may request additional information.

SAVE the application. Once completed, email to: dennis@McKinleyGriffen.com