



Grassroots Grant Application

Name of Organization:

EIN Number:

Contact Name:

Contact Email Address:

Contact Phone Number:

Contact Mailing Address:

Please state the organization's mission and describe in detail the goals of the organization within the next year.

How would this funding assist your organization?

What other sources of funding do you have available?

*** Please attach your most recent Profit and Loss Statement and Balance Sheet or last 3 months of the organization's bank statements with detail.**

**The Grassroots Fund was established to assist new and upcoming non-profit grass root organizations with start-up costs. Grant amounts can be up to \$1,000. Funding must be used within 3 months of receiving the grant.*

If you have questions regarding the application process, please contact us. Please submit a copy of your application to grants@sweetgrasscf.org