

2022 BLS PINELLAS GRANT FUNDING APPLICATION

Organization's Name: _____

Contact Name/Title: _____

Mailing Address: _____

City: _____ Zip: _____ Office Phone: _____

Cell: _____ Email: _____

Business Type: Non-Profit _____ Government _____ FEIN/TAX ID: _____
(Please submit appropriate IRS Designation Letter with this application)

Brief description of your organization and its programs/activities: _____

Indicate if your organization predominantly (50% of more) serves seniors (age 60+)? Yes No

Amount of Funding you are Requesting: \$ _____

Please explain what the funding will be used for, why is it needed, and execution plan. (Include assurance that funds requested will serve elders. Additional pages for explanation or .pdf presentation deck can be submitted.)

I affirm that all material provided in this application is accurate and commit to providing BLS Pinellas a 1-page impact report, with pictures or video where possible, describing the funded project and the goals accomplished.

Signature of organization representative submitting application

Date

Printed name and title: _____

***Email completed application and IRS Designation Letter to BLSPinellasGrants@gmail.com
No later than September 30, 2022 5:00 PM***