Community Savings Account
Grant Application

GENERAL INFORMATION	
Date of Application:	EIN#: (if applicable)
Name of Organization:	
Mailing Address:	
Physical Address:	
Phone #:	Fax#:
Website:	
Organization E-Mail:	
Contact Name:	
Contact Phone:	
Contact E-Mail:	
Organization's Mission:	

PROJECT INFORMATION			
Project Summary:			
Amount Requested:		Total Project Budget:	