



TOP COP CHALLENGE



GRANT APPLICATION

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Date Submitted: _____ Grant Amount Requested: _____ \$ _____

Contact Name: _____ Contact Title: _____

Contact Work Phone: _____ Contact Cell Phone: _____

Are you a 501(c)(3) organization? No Yes Tax Exempt #501(c)(3): _____

Describe your organization's background history, i.e. year established, current annual operating budget etc.

Describe the service's/benefit's you provide for Veteran's and/or First Responder's.

List all other sources and amount of funding.