

The John Gardner Grant Application

Organization/individual Name

Address _____

Phone: (____) _____ fax (____) _____

E-mail _____

Project Director _____

Address _____

Phone: (____) _____ fax (____) _____

E-mail _____

Summary:

Project title _____

Amount requested _____

Project description (*who, what, where, when, why*)

The John Gardner Grant Application

Impact

Evaluation/Documentation

BUDGET

Expected Income/Source:

Cash

In-kind

Expense (*list by individual categories such as materials, printing, etc.*)