

## NSET Grant Application Form

Please attach with a letter requesting funds.

Date \_\_\_\_\_

Organization/Family/Individual: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Have you received a grant through the NSET before? \_\_\_\_\_ When? \_\_\_\_\_

Approximate Number of People Served? \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

What funding has been received? \_\_\_\_\_ From Whom? \_\_\_\_\_

Brief description of request and how it supports the NSET's granting purposes:

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If needed attach a separate sheet of paper.

Are there other funds needed to implement this project/program? \_\_\_\_\_

Project budget: \$ \_\_\_\_\_

From Whom? \_\_\_\_\_

What Amount? \_\_\_\_\_

What date are the funds needed? \_\_\_\_\_

What flexibility do you have? \_\_\_\_\_

Your organizations annual budget: \$ \_\_\_\_\_

Does your organization have a 501(c)3 status? \_\_\_\_\_

(Please attach 501(c)3 documentation-not necessary to qualify)

Signature of responsible officer of organization:

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Title: \_\_\_\_\_

**NOTE: Application must be received atleast 7 days before funds are requested.**

CONTACT AND MINIMUM GRANT REQUEST INFORMATION NEEDED IS LISTED BELOW.

Grant request "Letter of Intent" required information:

- The letter of intent should be restricted to 1 page.
- A brief description of the problem or need you plan to address, with an explanation of how your response supported by this grant will achieve the desired results.
- How is your request aligned with the NSET's Grant Program Purposes?
- Amount of your intended Grant Request.