

Funding Cycle:	Project/Program Title:
Submission Date:	Amount Requested (\$2,000-\$10,000):

Name of Requesting Organization:

Federal Tax ID:

Mailing Address:

Website:

Years in Operation:

Executive Director

Contact (if different)

Name:

Name:

Email:

Email:

Phone:

Phone:

Application Questions

Describe your organization's mission and goals including the needs served by your organization. (up 1,000 characters)

Describe your project/need for funding. How does your project align with the goals of Emily's Fund?

What are your indicators of success? How will you know if you were successful?

Approximate number of people served:

Please include your 990, 990EZ or a letter from your fiscal sponsor and a project budget including your request from Emily's Fund and other anticipated sources of support with your application.

Questions? Contact us at andra@emilysfund.org or visit us online at emilysfund.org.