

**JALBCA GRANT APPLICATION 2024-2025 – PART 1**

**JALBCA Grant Proposal Information Sheet**

| <b>Organization Information</b>                                                     |  |
|-------------------------------------------------------------------------------------|--|
| Date of Submission:                                                                 |  |
| Organization Legal Name<br><i>(as it appears on your IRS determination letter):</i> |  |
| Also Known As, or Doing Business As<br><i>(if applicable):</i>                      |  |
| Organization Legal Address:                                                         |  |
| Secondary Mailing Address<br><i>(if different):</i>                                 |  |
| Fiscal Year End Date:                                                               |  |

| <b>Proposal Information</b>    |  |
|--------------------------------|--|
| Title or Description:          |  |
| Total Cost To Operate Program: |  |
| Requested Grant Amount:        |  |
| Grant Start Date:              |  |
| Grant End Date:                |  |

|                                                      | <b>Chief Executive Officer/President</b> | <b>Person submitting proposal (if different)</b> | <b>Grant Management Contact (if different)</b> |
|------------------------------------------------------|------------------------------------------|--------------------------------------------------|------------------------------------------------|
| Name:                                                |                                          |                                                  |                                                |
| Title:                                               |                                          |                                                  |                                                |
| Email:                                               |                                          |                                                  |                                                |
| Phone:                                               |                                          |                                                  |                                                |
| Fax:                                                 |                                          |                                                  |                                                |
| Mailing Address<br><i>(If different from above):</i> |                                          |                                                  |                                                |