Quantum Future Group Grant Application Form

Grant Application Cover Sheet You may reproduce this form on your computer

te of application: Application submitted to: ———————————————————————————————————				
Or	ganization Information			
•				
Name of organization		Legal name, if	different	
Address	City, State, Zip	Employer Ideni	tification Number (EIN	7)
Phone	Fax	Web site	1	
Name of top staff	Title	Phone	E-mail	
Name of contact person regarding this application	Title	Phone	E-mail	
Is your organization an IRS 501(c)(3) not-	for-profit?		Yes	No
If no, is your organization a pub	olic agency/unit of government?		Yes	No
F	Proposal Information			
Please give a 2-3 sentence summary of req	uest:			
Population served:	Geographic a	rea served:		
Funds are being requested for (check one)				
	Note: Please be sure funder provide	s the type of sup	port you are reques	ting.
General operating support Project/program support	Note: Please be sure funder provide Start-up costs Technical assistance	Cap		ting.
Project/program support	Start-up costs	Cap Oth	ital	ting.
Project/program support Project dates (if applicable):	Start-up costs Technical assistance	Cap Oth	ital	ting.
Project/program support Project dates (if applicable): Euro or Dollar amount requested:	Start-up costs Technical assistance Fiscal year end: Budget	Cap Oth	ital	ting.
Project/program support Project dates (if applicable): Euro or Dollar amount requested: Annual Budget Amount	Start-up costs Technical assistance Fiscal year end: Budget Authorization	Cap Oth	ital	ting.
	Start-up costs Technical assistance Fiscal year end: Budget	Cap Oth	ital	ting.
Project/program support Project dates (if applicable): Euro or Dollar amount requested: Annual Budget Amount	Start-up costs Technical assistance Fiscal year end: Budget Authorization	Cap Oth	ital	ting.