

Person Completing this Form Information *(if different than the Grant Recipient)*

Name: _____

Best Contact Number: _____ Date of Birth: / /

Email Address: _____

Address: _____ City: _____ Zip: _____ State: _____

Relationship to Grant Recipient: _____

How long have you known the Grant Recipient?: _____

References

Please include (3) references that our grant review team may contact when evaluating this application. If this is a medical-related circumstance, please ensure at least one reference is a medical professional familiar with your circumstance should we need to contact them for verification purposes only:

Reference Name #1: _____ Relationship: _____

Contact Number: _____ Email: _____

Reference Name #2: _____ Relationship: _____

Contact Number: _____ Email: _____

Reference Name #3: _____ Relationship: _____

Contact Number: _____ Email: _____

Funding Purpose

Please clearly state the purpose for this grant request and how the funds would generally be used *(please attach any additional information that may be pertinent to the grant review team when considering this application)*: _____

Acknowledgement

By signing below I hereby acknowledge that I certify that the information I have provided on this application is complete and correct. I understand my failure to provide complete, accurate, and truthful information on the application will be grounds to be denied any funding opportunities and/or return any funding received.

Signature: _____ Date: _____

Printed Name: _____

Please submit completed applications by one of the following methods:

By Email: grants@fundalife.org

By Mail: Fund A Life
Attn: Grant Review Team
PO Box 406
Brighton, MI 48116.

Please retain a copy of this application for your records. Our grant review team will be in touch with you shortly. Thank you for choosing Fund A Life, NFP, a registered 501 (c) (3).