

Fund A Life, NFP Grant Application

Grant Recipient Information

Name:				
Best Contact Number:		Date of Birth:	/	/
Email Address:				
Address:	_City:	Zip:	State:	
Grant Amount Requested: \$	Ideal Timeline to receive the Grant:			
What is the Life-Altering Circumstance?				
When (estimated date) did this first occur?				

Circumstance Milestone Timeline

In order for our review team to better understand some of the challenges faced, please outline a general timeline of the life-altering circumstance mentioned above by listing some major milestones related to this challenge:

Milestone	Date

Please feel free to attach/include an additional page to add to the above details if needed

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 Recip				
References Please include (3) references that our gran If this is a medical-related circumstance, p familiar with your circumstance should we	please ensure at	least one reference is a	n medical p	rofessional
Reference Name #1:	Rel	ationship:		
Contact Number:	Em	ail:		
Reference Name #2:	Rel	ationship:		
Contact Number:	Em	ail:		
Reference Name #3:	Rel	ationship:		
Contact Number:	Em	ail:		
Funding Purpose				
Please clearly state the purpose for this gra	ant request and h	ow the funds would ge	nerally be u	ised
(please attach any additional information t	that may be perti	nent to the grant review	v team whe	'n

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).