



Organization Grant Request

Date:

Name of organization:

Address:

Email:

Phone:

About the organization (briefly describe your organization, mission, values, etc.):

Program/project:

Purpose of grant:

Population served:

Services offered:

Strategies:

Timeframe:

Cost/total budget:

Amount requested:

Other sources:

Sustainability:

Expected outcomes:

Conclusion:

References:

For ChemoClothes Use Only.

Date of Committee Review: _____ *Net amount requested* _____

Net amount approved _____

Approve request *Yes* *No**

**Reason for denial of request:*

Signature of ChemoClothes representative(s)