

# Delta Tau Delta, Delta Psi Grant Application

Legal Name of Applicant Organization: \_\_\_\_\_

Project Name (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical location(s) if different from above: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person & Title (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

## Type of Request:

General Support  Program Support  Seed Funding  Capital

Other \_\_\_\_\_

This Grant Request \$ \_\_\_\_\_ Total Project Budget \$ \_\_\_\_\_

Period Grant: From \_\_\_\_\_ To \_\_\_\_\_ Funds will pay for: \_\_\_\_\_

Total Organizational Budget for Current Year: \$ \_\_\_\_\_ Starting Date of Fiscal Year: \_\_\_\_\_

Summarize the organization's mission statement (two to three sentences):

Summarize your grant request (two to three sentences):

## Proposal Authorization

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors' / Governing Body's full knowledge and endorsement.

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Name of Authorized Board / Governing Body Representative Title Signature Date

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Name of Delt Recommending Grant Signature Date