

**ORGANIZATION INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION NAME** | | | | | | **ORGANIZATION PRESIDENT** | | |
| **STREET ADDRESS** | | | | | **WEBSITE** | | | |
| **CITY** | **STATE** | **ZIP CODE** | **TELEPHONE NO.** | | **FAX NO.** | | **E-MAIL ADDRESS** | |
| **CONTACT** | | | | | **TITLE** | | | |
| **Is your organization funded by the United Way? Yes No** | | | | | | | | |
| **EMPLOYER IDENTIFICATION NUMBER (EIN) or Federal Tax ID Number:**  **A nine-digit number assigned by the Internal Revenue Service** | | | | | | | | |
| **Have you previously applied for a grant from the First Savings Charitable Foundation? Yes No**  **If your organization has received funding from the First Savings Charitable Foundation, please list the project name, the date received and the amount awarded:** | | | | | | | | |
| **PROJECT NAME:** | | | | **DATE RECEIVED:** | | | | **AMOUNT AWARDED:**  **$** |
| **Briefly describe the mission, goals and objections of your organization.** | | | | | | | | |

**GRANT APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT NAME | | | |
| DATE OF PROJECT | TOTAL PROJECT COST $ | | AMOUNT REQUESTED $ |
| HOW MANY PEOPLE WILL THIS PROJECT BENEFIT? | | IN WHAT COUNTY IS YOUR PROJECT LOCATED? | |
| **Briefly** describe the project. | | | |
| List any First Savings Bank employees involved in this project and describe their role. | | | |

**PROJECT INFORMATION**