

Grant Organization Background Questionnaire

Please complete this questionnaire to provide background information about your organization. This document is formatted for printing and record-keeping.

Part 1: General Organization Information

Organization Legal Name:

Doing Business As (DBA) / Operating Name (if different):

Tax ID / EIN (Employer Identification Number):

Year Established:

Mailing Address (Street, Suite):

City, State, Zip Code:

Organization Website URL:

Part 2: Primary Contact Person

Full Name:

Title/Role in Organization:

Email Address:

Telephone Number:

Part 3: Organization Mission and Purpose

Mission Statement (Summary):

Primary Population Served:

Geographic Area of Operation:

Part 4: Financial and Operational Overview

Current Annual Operating Budget (USD):

Fiscal Year End Date (MM/DD):

Number of Full-Time Staff:

Number of Active Volunteers:

Number of Governing Board Members: