



**RESEARCH GRANT APPLICATION**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ALTERNATE CONTACTS**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In 3 pages or less, please submit your Grant Proposal. Include details such as history, background, timeline, budget, and a breakdown of how the funds will be used. Grants will require periodic and final reports to be submitted on the use of the funding. If funds are misused, the Move For Jenn Foundation has full authority to revoke funding and/or recover the funds as deemed necessary. By signing below, you agree to allow the Move For Jenn Foundation to use your story for marketing purposes. Please attach this document on top of the Grant Proposal and submit to [MoveForJenn@gmail.com](mailto:MoveForJenn@gmail.com).**

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_