



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: _____

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Employer Identification Number (EIN): _____

Address: _____

Phone: _____ Email: _____

In three 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 Jenn@MoveForJenn.org.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____