

## 2021 Norridge Cares Community Grant Application

Please complete the fields below and attach the completed application to your completed proposal.

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Street Address City State

Applicant Telephone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Grant Amount requested: \$ \_\_\_\_\_

Intended Population to be Served by the Grant: \_\_\_\_\_

Proposed Project Initiation Date: \_\_\_\_\_

Anticipated Project Completion Date: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Please provide the contact information for the individuals supplying your letters of support:

### Letter #1

- Supplied by: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Relationship to the Applicant: \_\_\_\_\_

### Letter #2

- Supplied by: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Relationship to the Applicant: \_\_\_\_\_

For administrative use only: .....

Date reviewed: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_ Amount approved: \$ \_\_\_\_\_

Initiation date: \_\_\_\_\_ Completion date: \_\_\_\_\_ Evaluation due date: \_\_\_\_\_