

**Doris & Victor Day Foundation**

1800 Third Avenue, Suite 302, Rock Island IL 61201-8019

Phone: (309) 788-2300 Fax: (309) 788-3298

**Application / Cover Page**

**NOTE:** This cover page should appear as the first page of your Grant Application with all questions answered **and** limited to one page.

**Name of Organization:** \_\_\_\_\_

Is this your first application to this funder? YES / NO

Please list previous grants from this funder:

<u>YEAR</u>	<u>AMOUNT</u>	<u>PROJECT TITLE</u>
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**Project Title:** \_\_\_\_\_

Is this a new project? YES NO

Is this an enhancement/continuation of a project: YES NO

**Amount Requested:** \_\_\_\_\_ **Total cost of project:** \_\_\_\_\_

In 20 words or less describe how the grant is to be utilized: \_\_\_\_\_

**Description of Project:**

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**Amount of Annual Operating Budget:** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

Major Funding Sources: \_\_\_\_\_

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**Board of Trustees:** \_\_\_\_\_

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**Additional information / Mission Statement:** \_\_\_\_\_

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**Signature of Executive Director:** \_\_\_\_\_

**Signature of Board President:** \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_