

**RIESTER Foundation****Community Project Grant Application**

Date: \_\_\_\_\_

Organization name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Description of organization (100 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How funding would be utilized (100 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization goals (50 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of students or club members active in the organization: \_\_\_\_\_

Age range of students or club members: \_\_\_\_\_

Timeline for project requesting funding: \_\_\_\_\_

Organization or project budget: \_\_\_\_\_