

**MARY MOODY NORTHEN ENDOWMENT**  
**GRANT APPLICATION**  
**SUMMARY SHEET**

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

Name of organization: \_\_\_\_\_

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

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

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

Mission of Organization : \_\_\_\_\_

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

Summary of Grant Request:

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

Total Program/Project budget:

\$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_