



Organization Grant Request

**Date:**

**Name of organization:**

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**Address:**

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**Email:**

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**Phone:**

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**About the organization (briefly describe your organization, mission, values, etc.):**

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**Program/project:**

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**Purpose of grant:**

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**Population served:**

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**Services offered:**

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**Strategies:**

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**Timeframe:**

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**Cost/total budget:**

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**Amount requested:**

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**Other sources:**

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**Sustainability:**

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**Expected outcomes:**

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**Conclusion:**

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**References:**

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***For ChemoClothes Use Only.***

*Date of Committee Review:* \_\_\_\_\_ *Net amount requested* \_\_\_\_\_

*Net amount approved* \_\_\_\_\_

*Approve request*  *Yes*  *No\**

*\*Reason for denial of request:*

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*Signature of ChemoClothes representative(s)*