

Support Our Troop (SOT) Grant Application: Data Sheet

Name of Organization:

Legal Name (if different):

Address:

Employer Identification Number:

Organizational Phone Number:

Website:

Grant Coordinator's Name:

Title:

Phone Number:

Email:

Grant Coordinator's Signature:

Is your organization and IRS 501(c) not-for-profit?:

If no, is your organization a public agency/unit of government:

If no, describe your legal organization:

Primary Purpose for Grant Request:

Amount Requested:

Board chair or staff eligible to attest to the following statement on behalf of the organization:

Signature:

Date:

Attestation Statement: All information provided in this grant application is true to the best of my knowledge. Any inaccuracies will be brought to the immediate attention of the Department of Military Affairs.