



4226 Woodfield Place
Suite 100
Swansea IL 62226

Voice: 1-866-753-7229
Fax: 1-866-414-0517

www.maberryconsulting.com

Request for Grant Writing Assistance

This form will help the Maberry Consulting to learn more about your organization and its needs. Please include any other information that you think might be helpful, using additional sheets if necessary.

1.
 - a. Name of your organization _____
 - b. Address _____

 - c. Phone Number () _____
 - d. Fax Number () _____
2.
 - a. Name of contact person _____
 - b. Title _____
 - c. Work Phone () _____
3. Describe the purpose and/or mission of your organization, attaching brochures and a one-page mission statement, if desired.

4.
 - a. How long has your organization existed? _____
 - b. Is your organization incorporated? YES NO Tax-Exempt? YES NO.

5. How many people are involved in running the organization?
Board Members____; Staff____; Volunteers____. *Please attach a list of the officers and directors, including titles and affiliations.*
6. About how many people does your organization currently serve? _____
7. **a. What** is your organization's annual budget? \$_____
- b.** Is there a line for grant writing fees? YES NO; **c.** If yes, how much? _____
8. Please describe the specific kinds of grant writing assistance you now need or anticipate needing in the future. Attach an additional sheet if necessary.
- _____
- _____
- _____
9. Please provide the name and affiliation of any grant writer that is now helping or has helped your organization, briefly describing the services provided. _____
- _____
- _____
10. Please tell us where you heard about Maberry Consulting grant writing assistance program. _____
- _____
- Signature** _____ **Print Name and Title** _____
- Date** _____ **Email Address:** _____
- Web Address:** _____