

# Charis Fund Application Cover Sheet



Organization Name: \_\_\_\_\_

Organization Address (Charis only funds organizations serving California, Oregon, Washington & Nevada):

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

Organization Website: \_\_\_\_\_

Name and contact information (email and phone) for the person we can contact if we have questions about your grant application: \_\_\_\_\_

\_\_\_\_\_

Address for mailing the check IF different from above: \_\_\_\_\_

\_\_\_\_\_

Dollar amount of funding requested: \$ \_\_\_\_\_

Provide a **SHORT** description of the program that you are requesting funding for: \_\_\_\_\_

\_\_\_\_\_

Has your organization ever applied for funding from the Charis Fund? (check one)

Yes, we have applied in the past and have received funding

We have applied in the past but have not received funding

This is our first grant request proposal to Charis Fund

What area of social need is your program addressing? (check one)

Housing issues/homelessness

Food insecurity/feeding programs

At-risk youth/education

Health care/mental health

Domestic violence

Substance abuse

Other: \_\_\_\_\_

In which category would you put your request? (check one)

New program/initial funding

Existing program expansion

Equipment/materials

Major item purchase (e.g. large appliance/tools/vehicle)

Staffing/salaries (programmatic professional service provider i.e. counselor, nurse)

Staffing/salaries (administrative)

Operating/ongoing funding

Other: \_\_\_\_\_

Please use this fillable PDF as the first page of your grant request application and then follow the rest of the instructions for the remainder of your grant