



Joe D. Pentecost Foundation Grant Request

Please complete the following form to submit your grant request.

Before submitting an application, please be sure your request matches our grant-making guidelines.

Please note that all fields are required for submitting this request.

Your name			
Your email			
Your organization			
Organization address			
Contact phone number			
IRS determination		Type	

Grant request type [selection with the following categories]			
<input type="checkbox"/> Youth & education			<input type="checkbox"/> Substance abuse programs
<input type="checkbox"/> Scholarships			<input type="checkbox"/> Other

Please answer the questions below so we can evaluate your request:
Name of project you are requesting support for:
Date needed:
For what purpose will this grant be used? Please summarize why your organization is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.
Will this grant be used in conjunction with any other grant-making organizations?
How do you plan to use this grant to accomplish your goals and meet the needs of your project?
How will you evaluate and measure your success?
Additional Notes (optional)

Please submit a budget for your request here in PDF or Microsoft Excel format.
Include additional materials (501c3 documentation or other relevant documents).