



The National Italian American Foundation

Application for Grants and Sponsorships

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Applicant Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail: _____

Grant/Sponsorship recipient name: _____

Recipient classification: Individual Non-Profit Business School Other

If other, please describe: _____

Recipient description and mission: _____

Applicant's Relationship to Recipient: _____

Project/Event Description

Project/Event Title: _____

Project/Event Date(s): _____

Please describe your project or event.

How does your project or event support NIAF’s mission?

What are the objectives of this project/event?

Please describe any financial support you have previously applied for or received from NIAF.

Budget

Total project/event budget: \$ _____ **Amount Requested:** \$ _____

Please provide an itemized budget.

Expense	Cost

Budget