

The National Italian American Foundation

Application for Grants and Sponsorships

Applicant Information							
Applicant Name:				Date:			
	Last	First	М.І.				
Applicant Address	Street Address				Apartment/Unit #		
	Street Address				Apartment/Unit #		
City				State	ZIP Code		
Phone:		E-ma	nil:				
NIAF Member #:		NIAF Membership Type:					
Grant/Sponsorsh	ip recipient name:						
	Individual	Non-Profit	Business	School	Other		
Recipient Classific	cation:						
lf other, please de	scribe:						
Recipient description and mission:							
Applicant's Relationship to Recipient:							
		Project/Event D	escription				
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: <u>\$</u>	Amount Requested: \$					
Please provide an itemized budget.						
Expense		Cost				