

## The National Italian American Foundation

## Application for Grants and Sponsorships

|                     |             |                             | Applicant Infor  | mation        |        |                  |
|---------------------|-------------|-----------------------------|------------------|---------------|--------|------------------|
| Applicant Name:     |             |                             |                  | Date:         |        |                  |
|                     | Salutation  | First Name                  | Last Name        |               |        |                  |
| Applicant Address   | S:          | Address                     |                  |               |        | A                |
|                     | Street      | Address                     |                  |               |        | Apartment/Unit # |
| City                |             |                             |                  |               | State  | ZIP Code         |
| Phone:              |             |                             | E-mail:          |               |        |                  |
| NIAF Member #:      |             |                             | NIAF             | Membership Ty | ype:   |                  |
|                     |             |                             |                  |               |        |                  |
| Grant/Sponsor       | snip reci   | pient name: _<br>Individual | Non-Profit       |               |        | Other            |
| Recipient Classifi  | cation:     | muividuai                   | Non-Pront        | business      | School | Other            |
| rredipient Glassiii | oation.     |                             |                  |               |        |                  |
| If other, please de | escribe:    |                             |                  |               |        |                  |
| Recipient descrip   | tion and m  | ission:                     |                  |               |        |                  |
|                     |             |                             |                  |               |        |                  |
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|                     |             |                             |                  |               |        |                  |
| Recipient's Webs    | ite         |                             |                  |               |        |                  |
| •                   | _           |                             |                  |               |        |                  |
| Applicant's Relati  | onsnip to F | Recipient:                  |                  |               |        | _                |
|                     |             |                             | Project/Event De | scription     |        |                  |
| Project/Event Title | ə:          |                             |                  |               |        |                  |
|                     |             |                             |                  |               |        |                  |
|                     |             |                             |                  |               |        |                  |

| Please describe your project or event.   |
|--|
| What are the objectives of this project/event?   |
| How does your project or event support NIAF's mission?   |
| Who is your project or event's target audience? How many people is your project or event anticipated to reach? |
| Please describe any financial support you have previously applied for and/or received from NIAF.               |

| Please describe any involvement that you, or the organization that you represent, have had with NIAF (including but not limited to attendance or sponsorship of NIAF galas).  Will you be receiving financial support through grants or sponsorships from any other organizations? If so, which organization(s) and how much? |      |  |  |  |  |  |
|---|------|--|--|--|--|--|
| Budget  |      |  |  |  |  |  |
| Total project/event budget: \$Amount Requested: \$  |      |  |  |  |  |  |
| Diagon provide on itemined budget   |      |  |  |  |  |  |
| Please provide an itemized budget.  Expense   | Cost |  |  |  |  |  |
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