



# The National Italian American Foundation

## Application for Grants and Sponsorships

### Applicant Information

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Salutation First Name Last Name

**Applicant Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**NIAF Member #:** \_\_\_\_\_ **NIAF Membership Type:** \_\_\_\_\_

**Grant/Sponsorship recipient name:** \_\_\_\_\_  
Individual Non-Profit Business School Other

**Recipient Classification:**

**If other, please describe:** \_\_\_\_\_

**Recipient description and mission:**

**Applicant's Website** \_\_\_\_\_

**Applicant's Relationship to Recipient:** \_\_\_\_\_

### Project/Event Description

**Project/Event Title:** \_\_\_\_\_

**Project/Event Start Date:** \_\_\_\_\_

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**How did you hear about the NIAF Grant and Sponsorship Program?**

**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?**

**What marketing opportunities does your project/event provide to its sponsors and how will NIAF's contribution be acknowledged? Please include a list of your available sponsorship levels if applicable.**

**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?**

**Please provide an overview of how the requested funding will be spent.**

**Provide a list of priority items in the proposed budget, in the event that we are unable to meet your full request.**

**Budget**

Total project/event budget: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Please provide an itemized budget.

Expense	Cost