



BESTOWERS FOUNDATION

Spend out of what Lord has provided for you seeking His pleasure alone

6023 NW 107th PL, Alachua, Florida 32615, USA

Web: <http://bestowers.org> Email: info@bestowers.org

Phone: 571-354-6224 EIN: 46-4846664

APPLICATION FORM – GRANT FOR CHARITABLE PROJECT

APPLICANT INFORMATION			
First Name:		Last Name:	
SSN / National ID:		Profession:	
Address:			
City:		State:	
Zip:		Country:	
Email:		Phone:	
GRANT AND PROJECT INFORMATION			
Requested Grant (USD):			
Purpose of the Grant:			
DETAILED PLAN OF THE PROJECT THAT GRANT WILL BE SPENT ON			
PROJECT DURATION			
Project Begin Date:		Project End Date:	
<input type="checkbox"/>	Upon receiving grant, I hereby agree to spend 100% of the grant for said project outlined above and send report and/or pictures to Bestowers Foundation via email at info@bestowers.org , upon completion of the project.		
SIGNATURE OF THE APPLICANT			
First Name:		Last Name:	
<input type="checkbox"/>	I do hereby certify that above information is correct and true.		
Signature:		Date:	