Application for Funding

Date of Application:

Name of Organization:

IRS EIN:
Attach letter to application.

Contact Name:

Contact Phone:

Contact Email:

Does the organization have a physical address? *If yes, provide below.*

Mission of Organization:

Specific Request for Funding:

Include description of specific program(s), whether it is a new or existing program, date(s), and who is served by this program, including geographic region.

Amount Requested: $

Is this the full cost of the program?

Are there other sources of funding for this program?

To be completed by FBHL:

Date Received:

Recommended by:

Amount Approved: $

Focus Area: ❑ Childhood Cancer, ❑ Diabetes, ❑ Disaster, ❑ Environment, ❑ Hearing, ❑ Humanity, ❑ Hunger, ❑ Vision, ❑ Youth

Additional Notes: