Grant Application

PROGRAM

Peter Glenville Foundation
4312 Woodman Avenue, Suite 200
Sherman Oaks, CA 91423

Please complete the following in the space allotted.
1. Organization Name:
2. Name of Organization Executive Director:
3. Organization Address:
4. Organization Phone: Organization Fax:
5. Organization Tax I.D. #
6. Dollar Amount requested from Peter Glenville Foundation:
7. Total cost of the Program for which this grant is part or whole:
8. Description of request:
9. Organizational Mission Statement (brief summary, including year founded):
10. Brief description of population and geographical area served:
11. Why does the community need this program?
Grant Cycle (For Office Use Only)