

MaryEllen Willis Foundation
4530-15 St. Johns Ave. #405 | Jacksonville, FL 32210
acombs@mewillisfoundation.org

Grant Request Form

Application Date: _____

Name of Proposed Project: _____

Organization Legal Title: _____

Executive Director: _____

Organization Address: _____

Website: _____

EIN: _____

Mission of Organization: _____

List of Principal Staff Involved in this Project: _____

Contact Name: _____

Email Address: _____

Phone: _____ Fax: _____

Project Timeline: _____

Total Grant Project Budget: _____

Amount of Request: _____

Other Funding Sources: _____

Purpose of Funds: _____

Project Proposal: _____

Expected Community Impact and Evaluation Plans: _____

Other Pertinent Information (if applicable): _____

Are you able and willing to provide updates and receipts detailing the use of funds? _____

*Please attach a copy of the IRS letter determining 501(c)(3) status and submit by mail or email.