

# CKF GRANT APPLICATION FORM

Name of organization (if applicable): \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a registered non-profit?:    Y    N    Federal ID (EIN) No.: \_\_\_\_\_

Is this a planned or existing organization/charity?    Planned    Existing

*For the following questions, feel free to include additional sheets as needed.*

Describe the nature of your business, organization or charity and how it relates (or will relate) to intellectual disabilities:

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Describe how you, your business or organization would benefit from a CKF grant:

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Are resources available (web sites, printed literature, business plans, etc) that can help us learn more about you and/or your organization? Please explain and include any web links, etc. (Additional literature can be mailed with a printed form or attached to e-mail):

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Anything you'd like to add?

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Applications will be reviewed by the awards committee. Further information may be requested from potential candidates before a grant decision is made.

Forms may be sent as an attachment via e-mail to: [grants@childkingfoundation.org](mailto:grants@childkingfoundation.org)

Forms may also be printed and mailed to:

*The Child King Foundation*

*PO Box 808*

*Hull, MA 02045*