

SIM HOUSTON – FUNDING APPLICATION

Date: _____

Technology Purpose of grant (one sentence): _____

Legal Name of organization: _____

Full Mailing Address of organization (*include suite, department name, etc.*):

Note: Legal Name and Mailing Address must be current and accurate to ensure receipt of check.

Telephone number: _____ Fax: _____ E-mail: _____

Executive Director: _____

Contact person name, title, phone and email address: _____

Is your organization an IRS 501(c)(3) not-for-profit? (Y/ N): _____ Grant request: \$ _____

Scholarship support request? (Yes or No): _____ Program support request? (Yes or No): _____

- *Make sure your program meets the SIM Houston Scholarship Program or Grant Program minimum criteria per the SIM Funding Guidelines.*
- **Grant Requests:** Be sure to submit your proposal brief for funding and any supporting materials with this funding application, per the SIM Funding Guidelines.

Program name (if applicable): _____

Total organizational budget (for current year): \$ _____

Dates covered by this budget (mo/day/year): _____

Total scholarship / program budget: \$ _____

Dates covered by scholarship /program budget (mo/day/year): _____

Referred by (SIM Member name): _____

I certify that if a grant is awarded to this Organization, the proceeds will be distributed or used for the purposes stated and not for operational expenses or for any unlawful purpose.

Name and Title

Date