



## Recovery Circles Foundation

### Grant Application Form

#### Organizational Information

Legal Name of Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

ID# for Client or Block Grant  
(to be assigned by Organization contact) \_\_\_\_\_

#### Authorization:

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Name (Please Print)	Title
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Signature	Date
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It is the responsibility of the service provider to satisfy the information of the grantees low-income status (copy of W2 Tax form) for their own records as defined in Recovery Circles Foundation, Inc. *Procedure for Grant Making* guidelines. This applies to all grantees. The foundation does not require this information.

**Grants are limited to one per client.**