



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:

Name (Please Print)	Title
---------------------	-------

Signature	Date
-----------	------

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.