

# *AgingWell Grant Application*



Organization Name: \_\_\_\_\_

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

Street Address, City, Zip Code: \_\_\_\_\_

Main Area Code and Phone Number: \_\_\_\_\_

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

Executive Director/CEO: \_\_\_\_\_

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

Contact Area Code and Phone Number: \_\_\_\_\_

1. Please briefly describe your organization. (500 character limit)

2. What is the total amount of the Angel Gift you are requesting? (15 character limit)

3. Indicate the county (or counties) your organization serves.

Williamson      Caldwell      Travis  
Hays              Bastrop

4. Approximately how many individuals will be served through your organization and this Angel Gift?

5. What is the expected duration of the grant?

6. Please justify how the Angel Gift will be used. Describe the project and its purpose. (1,000 character limit)

7. Please use the table below to create a budgetary timeline of the project the Angel Gift would support. The timeline should reflect the expected duration of the grant, and the total cost should reflect the total amount requested.

<b>Budget and Timeline for Angel Gift</b>	
<b>Contact Individual for Budgetary Questions:</b>	
Expenses	Reason for Expense
<b>Total Cost:</b> <b>Total Project Time Commitment:</b>	

8. Please indicate the estimated date that the brief project report and photographs will be available.