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## HEADS UP TRI-CITIES GRANT APPLICATION

**Organization Name:**

**Name of Person Submitting Application:**

**Title of Person Submitting Application:**

**Address:**

**Email:**

**Phone Number:**

**Website Address:**

**NONPROFIT STATUS:**

**Please provide proof of 501(c)3 non-profit tax-exempt status with submission of this application.**

**PROJECT DESCRIPTION**

**Project Name:**

**Grant Amount Requested:**

**Briefly summarize the program or project you are requesting funds for:**

**Summarize the purpose of the project, and your goals, objectives, and activities:**

**Describe how you will measure outcomes and impact.**

**Expected Date of Project Completion:**

**What are the potential impacts of this project and approximately how many people will this program or project impact:**

**What are your organization's strengths and priorities:**

**What is your marketing plan for the project (if applicable):**

**What is your fundraising plan for this project (if applicable)?**

**How does this project or program address Heads Up Tri-Cities funding priorities:**

**Any additional information that you'd like to share with us:**

**BUDGET AND BUDGET JUSTIFICATION**

**Attach a detailed budget for the proposed project/program. Please include other funding sources in proposed budget when applicable.**

**Total Project Budget:**

**ADDITIONAL MATERIALS (OPTIONAL):** If desired, you may also submit copies of supporting materials specific to this grant application such as supporting letters from other agencies or persons, or resumes of project personnel.

**REQUIRED PROJECT REPORTING FORM:**

**If your grant application is approved, you will be required to complete and return the attached Project Reporting Form by January 1 of the following year until the project is complete.**

*I declare under penalty of perjury of the laws of the State of Washington that the information provided is true and correct.*

**SUBMITTED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**By:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

**On Behalf of:** \_\_\_\_\_