

**SWR Grant Organization Application Form for the *Patty Daw Memorial Grant***

Name of Organization \_\_\_\_\_

Contact Person who will be administering the grant: \_\_\_\_\_

Contact Title/Office \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Telephone number \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Has the applicant received a ruling or determination letter from the Internal Revenue Service for any of the following:

a. Tax exempt status 501(c)(3) Yes \_\_\_ No \_\_\_

b. Private Foundation Status Yes \_\_\_ No \_\_\_

(Please Attach a photocopy of each such letter.)

Describe the organization purpose and activities in general: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the applicant organization controlled by, related to, connected with, or sponsored by another organization? Yes \_\_\_ No \_\_\_ If yes, please identify the organization (including purposes and activities) and explain the relationship: \_\_\_\_\_

\_\_\_\_\_

List (or attach a list of) each member of the organization's governing board including name, title/office and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a copy of the organization's **proposed budget** for the year in which grant funds are to be used, and a copy of the preceding year's financial statements.

Amount of Grant requested: \_\_\_\_\_

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Explain in detail how the grant will be used. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the contact person's experience and qualifications to administer the grant.  
List other person(s) responsible for the proposed program; include name, title/office,  
address, phone number and e-mail address.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification:**

From my knowledge, I certify that the information given in this application is correct and the applicant organization has authorized me to make this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title or Office \_\_\_\_\_

Organization \_\_\_\_\_

Deadline for application September 30. Send the completed application form to:

Southwestern Region of the NSS  
c/o Kate Bach, Treasurer  
PO Box 65622  
Albuquerque, NM 87193