



GRANT REQUEST FORM

418 First Street

Roanoke, VA 24011

Phone: 540-344-0040

Fax: 540-339-9347

www.mcleodfamilyfoundation.org

CONTACT INFORMATION

Organization Name _____

Applicant Name: _____
Last *First*

Job Title: _____

Email: _____

Phone: _____

MISSION STATEMENT

GRANT DESCRIPTION

ADDITIONAL INFORMATION

Requested Grant Amount: \$ _____ Time Frame: _____

Board Members: _____

Please attach one or more of the following: Financial Statement Tax Return Audit

Foundation Representative Approval

Date