



## Grant Application

Legal Name of Your Nonprofit Organization: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Authorized Contact Person: \_\_\_\_\_

Title/Phone/Email: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Year Founded: \_\_\_\_\_

Total Current Operating Budget: \_\_\_\_\_

Primary Source of Funds: \_\_\_\_\_

Prior CoreCivic Foundation Funding? YES NO (circle one)

If yes, amount and year: \_\_\_\_\_

Is your organization Tax Exempt under IRS 501 (c)(3)? \_\_\_\_\_

Please provide your EIN#: \_\_\_\_\_

Grant Amount Requested: \_\_\_\_\_

Use the space below to write a short summary of your request. Additionally, if you are providing a separate proposal or other documentation, please indicate below.

Signature of Contact Person \_\_\_\_\_

Date: \_\_\_\_\_