| APPLICANT INFORMATION FORMPlease send completed form to the Grants Management Office at GMO@cmwf.orgTelephone: (212) 606-3846 |
| --- |
| Applicant ORGANIZATION |
| Organization IRS Name: Click here to enter text. | AKA: Click here to enter text. |
| Employer Identification Number (EIN): Click here to enter text  | Tax Status: [ ]  501(c)3 [ ]  Other: Click here to enter text. |
| HEAD OF ORGANIZATION (PRESIDENT, EXECUTIVE DIRECTOR, CHAIRMAN, etc.)  |
| Name: Click here to enter text. | Degrees(s) (If applicable): Click here to enter text. |
| Official Title: Click here to enter text. |
| Mailing Address: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| Telephone#: Click here to enter text. | Email: Click here to enter text. |
| Project Director |
| Name: Click here to enter text. | Degrees(s) (If applicable): Click here to enter text. |
| Official Title: Click here to enter text. |
| Department: Click here to enter text. |
| Mailing Address: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | Zip Code: Click here to enter text. |
| Telephone#: Click here to enter text. | Email: Click here to enter text. |
| Co-project director (If applicable) |
| Name: Click here to enter text. | Degrees(s) (If applicable): Click here to enter text. |
| Official Title: Click here to enter text. |
| Department: Click here to enter text. |
| Mailing Address: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| Telephone #: Click here to enter text. | Email: Click here to enter text. |
| Insitutional Financial Officer |
| Name: Click here to enter text. | Degrees(s) (If applicable): Click here to enter text. |
| Official Title: Click here to enter text. |
| Mailing Address:Click here to enter text.  |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| Telephone #: Click here to enter text. | Email: Click here to enter text. |
| Contracts Manager |
| Name: Click here to enter text. | Degrees(s) (If applicable): Click here to enter text. |
| Official Title: Click here to enter text. |
| Mailing Address: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| Telephone #: Click here to enter text. | Email: Click here to enter text. |

***Please send checks to*:** [ ] Institutional Financial Officer [ ] Contracts Manager [ ] Other: Click here to enter text.