| APPLICANT INFORMATION FORM Please send completed form to the Grants Management Office at [GMO@cmwf.org](mailto:GMO@cmwf.org)  Telephone: (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.