

**Open My Eyes Foundation**  
*Seeing and Serving the Needs of Society*

**Grant Application**

1. Individual/Organization Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Tax ID Number (if applicable) \_\_\_\_\_

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. Project Title: \_\_\_\_\_

8. Number of participants expected to benefit from project: \_\_\_\_\_

9. Amount Requested: \_\_\_\_\_

10. Will your project be seeking a matching grant or fixed amount? \_\_\_\_\_

11. Project time period of projected implementation: \_\_\_\_\_

Also required on additional pages:

- Narrative of no more than **one- typed page** demonstrating the need you see your project addressing and how your project will aid in strengthening character development in a certain population.
- Proposed budget for entire project and other financial funding sources you are pursuing.
- Project timetable of specific steps and ideal timing for implementation.

*I testify that the above information requested is true and has not been falsified in any way. I also agree to follow the proposed project guidelines, knowing that if the original objectives are not adhered to then all monies must be returned to the Open My Eyes Foundation.*

Signature \_\_\_\_\_

Date \_\_\_\_\_