

**2025 Project Grant Application Form**

1. **Organization Contact Information**

|  |  |
| --- | --- |
| Organization or Community Group’s Legal Name: |       |
| Address: |  |
| Address 2: |       |
| City, State, Zip Code: |       |
| Contact Name & Title: |    |
| Contact Phone Number: |  |
| Contact Email: |       |
| Website: |       |
| Fiscal Sponsor, if applicable |  |
| Organizations or Fiscal Sponsor’s EIN (Employer Identification Number) |  |

**Note:**

**For the following answers please use as much space as you need by adding lines or by attaching additional documents.**

1. **Program Information**

|  |  |
| --- | --- |
| **Program Name:** |   |
| **Dollar Amount Requested:**  |  |
| **Total Project/Program Budget** |  |
| **Geographic Area Served:** *(neighborhoods or entire town)* |        |

1. **Describe the Program including responses to the following**:
2. Why has the program been developed?
3. Who are the target audience and/or participants?
4. What will happen during the program’s implementation?

d) When will the program take place?

e) Where will the program take place?

f) Describe the Program’s anticipated impact and benefits to the Hebron Community

g) Describe the Program’s anticipated impact and benefits to the Hebron Community

h) How will the Program be evaluated?