



Grant Program Cover Sheet

The following application information must be typed. Use only the space provided. Proposal must be submitted on the form with one copy to be considered. (Be sure to keep a copy for your file.) Applicant information will not be returned. All material will become the property of the Gorman – Hewitt – Ayars Memorial Fund.

1) Name of institution/group/individual	(non-profit)		
2) Project or grant coordinator	Name		
Address	City	Zip	County
Home telephone ()	Alternate telephone ()	
3) Please check one of the following ca	tegories.		
□ Category I (Education)	□ Category II (Transportation)	on) 🗅 Category III (Recreation)	
4) Project title (12 words or less)	·		
Starting date of project Pro	oposed duration of project m	nonths	
5) Total support requested from Gormar	ı – Hewitt – Ayars Memorial Fund _		
6) Indicate if proposal has been or will be agencies, social clubs or other private Hewitt – Ayars Memorial Fund.)			
7) Signature or proposed Project Director		Date of submission	
Typed name/title of officer authorized	d to sign for institution		
Signature or Authorizing Officer		Date	
8) Please enter your Federal Identificatio This will be used to monitor and facility	-		

corporation or entity please provide a copy of Internal Revenue exemption letter.

Project Summary

Goal of the Gorman - Hewitt - Ayars Memorial Fund Grant

The grant is established for the purpose of assisting children and adults with Cerebral Palsy or orthopedic disorders to obtain the maximum level of independent functioning.

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Project Description Describe your project as an acifically as possible. What will take place?
Project Description Describe your project as specifically as possible. What will take place?
Project Purpose What is your project purpose? Explain the need. Why do you propose this?
Project Intent How will your project meet the stated goal of the grant fund?