INSPIRE EVERY CHILD FOUNDATION

GRANT APPLICATION

Applicant Name and Address:	Shipping Address (If different)
Contact Individual:	
FaxEmail:	Website:
IRS Status of Applicant: Non-profit or Partnership, L.L.C. or other for-profit Federal ID#	
Mission Statement (goals and objectiv	res) of Applicant:
Describe how donated books will be u	itilized
- · · · · · · · · · · · · · · · · · · ·	mber of books requested, timing considerations, and
	ctors or Key Staff Members affiliated in any way with rustees or Key Staff Members?
Signature of Authorized Representative	re Printed Name Date

Please send any available written materials describing your organization.

Fax this form to 425-968-5634

Mail to PO Box 1865, Bellevue, WA 98009

Email: liteinfo@inspire-every-child.org