

THE EVERGREEN SPINA BIFIDA ASSOCIATION

2005-2006 GRANT APPLICATION FORM

ORGANIZATION Name: _____

Name of Principal Officer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Web Page: _____

Our mission is to promote the well being, education, and socialization of all people affected by Spina Bifida and to foster public awareness of this birth defect. Only projects which will further this mission will be considered for funding.

(PLEASE ATTACH ANSWERS ON SEPARATE PAGES)

DESCRIPTION OF STRUCTURE, HISTORY AND PURPOSE OF ORGANIZATION.

DESCRIPTION, PURPOSE AND GOALS FOR SPECIFIC PROJECT/PROGRAM.

HOW WILL FUNDING BE USED & WHO WILL DIRECTLY BENEFIT FROM THE PROJECT/PROGRAM?

HOW WILL YOU PARTNER WITH ESBA TO REACH MORE FAMILIES AND/OR INDIVIDUALS WITH SPINA BIFIDA?

GRANTEES ARE REQUIRED TO PROVIDE A 6-MONTH AND YEAR-END REPORT.

GRANTS WILL NOT BE AWARDED TO ORGANIZATIONS WHICH PRACTICE ANY FORM OF DISCRIMINATION, POLITICAL ORGANIZATIONS, ORGANIZATIONS THAT ARE GRANT MAKING BODIES THEMSELVES, AGENCIES OR ORGANIZATIONS WHOSE PRIMARY SOURCE OF SUPPORT IS PUBLIC FUNDS, RELIGIOUS ORGANIZATIONS FOR THE PURPOSE OF FOSTERING RELIGION, INDIVIDUALS, OUR OWN MEMBERS.

Please give complete information and send to:

The Evergreen Spina Bifida Association (ESBA)

P.O. Box 642.

Sumner, WA 98390