



GRANT REQUEST FORM

Grant requests received by September 1 will be considered by the board of trustees for funding in the following year.

Date Submitted: _____ NEW RENEWAL

Grant Name: _____

Amount Requested: \$ _____ Requested Fund Date _____

EIN Number: _____ Non-Profit Status: 501©3 501©4 502©6

Name of Applicant: _____

Authorized Representatives: _____

Mailing Address: _____

Phone: _____ E-Mail _____

Please describe applicant's business or activities. _____

Please describe the purpose of the request for funds, including expected results. _____

Please describe the benefits to be achieved by the successful completion of this project. _____

Applicants that receive funding agree to provide recognition and attribution to the University of the Aftermarket Foundation in all press releases, publications and other communications that reference the funded grant program.

Send completed Grant Request From to:
University of the Aftermarket Foundation
7101 Wisconsin Avenue, Suite 1300, Bethesda, MD 20814
E-mail: jennifer.tio@maxmarketing.com; Phone (312) 768-7379; Fax (312) 226-5765

INTERNAL USE

Approved Denied Date Approved _____

Fund to be applied to: _____