Research Grant Application
Updated May 2011
Grant Application

For your convenience, you may choose to copy and fill out this cover summary or to create your own, one page version using the headings listed below. Please provide the following information in order as it is below.

Date: ________________________________________

Legal name of individual or organization: _________________________________________________

Address: _____________________________________________________________________________

Phone: _____________________________ Fax: ____________________________________________

Email: ______________________________________________________________________________

Web address: __________________________________________________________________________

Contact person and title (if different from executive director): _________________________________

Current IRS status/ or University Affiliation: ______________________________________________

Taxpayer Identification Number (TIN): ____________________________________________________

SSN or Employer Identification Number: __________________________________________________

Amount Requested: ___________________________________________________________________

Four sentences summarizing the proposal and its strategic link to the Equipment Leasing & Finance Foundation’s mission:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

List the proposal’s target population, constituents and geographic communities:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Other organization’s impacted by the project:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Other individuals and/or organizations to be involved with the project:
____________________________________________________________________________________
____________________________________________________________________________________

Total Project budget: _____________________
The period this grant will cover: ____/____ to ____/____.
The results of this project will be provided in the following media (check all that apply):
    ______ Report
    ______ Graphs/charts
    ______ Case Study
    ______ Video/Slides
    ______ CD Rom
    ______ Other, please describe: ______________________________________________________