



Optic Atrophy Research Grant Form

Date of Application:

Legal name of organization applying:

(Should be same as on IRS determination letter and as supplied on IRS Form 990.)

Year Founded

Current Operating Budget: \$

Executive Director:

Phone number:

Contact person/title/phone number (if different from executive director)

Address (principal/administrative office):

City/State/Zip:

E-mail Address:

List any previous support from this funder in the last 5 years

Project Name:

Purpose of Grant: *(one sentence)*:

Dates of the Project:

Amount Requested: \$

Total Project Cost: \$

Geographic Area Served:

*Signature, Chairperson, Board of Directors
(E-sign serves as signature)*

Date

Typed Name and Title

*Signature, Executive Director
(E-sign serves as signature)*

Date

Typed Name and Title

ATTACHMENTS

- **A copy of the current IRS determination letter** indicating 501(c)(3) tax-exempt status.
- **List of Board of Directors with affiliations.**
- **Finances**
 - Organization's current annual operating budget, including expenses and revenue.
 - Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).
- **Letters of support** should verify project need and collaboration with other organizations.
- **Annual report** *(if available)*
- **\$25.00 Application Fee** *(make checks payable to Beautifully Blind, Inc.)*