

Philanthropic Funding Request Form



Organization Information

Organization Name

Doing Business As (DBA)
name, if applicable

Request Date (MM/DD/YYYY)

Organization Mailing Address *Street*

Grant will be mailed to this address

City

State

Zip

Website

Tax ID (EIN) number

Tax Exempt status (select one)

501c3

501c6

170c

Other

If Other (describe)

Contact Information

Contact Name

Title

Phone

Email

Type of Request

Type of Program

New Program

Existing Program

Funding Category

STEM Education

Arts, Health & Human Services, Civic

Criteria met for funding
request

May check more than one

Supports an enduring, sustainable program

Has a broad impact in the community

Supports STEM Education

Benefits rural communities

Benefits the economically disadvantaged

Related to an active Team Battelle Project?

If yes, list the PNNL Team Battelle contact name:

Funding Request Application Form



Estimated number of
individuals to receive
direct benefit from funding

Funding Description

Proposal Title

Request Amount (can be a
range)

Briefly describe the funding request in 1-2 sentences. *(maximum of 500 characters)*

Describe the need(s) for your funding request and how it will aid in your organization's mission. Be specific. *(maximum of 750 characters)*

Describe the impact the funding will have in the community/region. *(maximum of 500 characters)*

Describe the program's goals and outcomes. Please include how you will identify and measure success. *(maximum of 750 characters)*

If only partial funding is approved, describe how your organization will proceed with the proposed program. *(maximum of 500 characters)*

Cost Breakdown *(if applicable)* An invoice or table can be attached as a final page.