



Join the Journey Funding Application Form

Date of Application: _____ Application submitted to: _____

Organization Information:

Name of Organization:

Specific Department in Organization: (if relevant)

Street Address:

City, State, Zip:

Employer Identification Number (EIN):

Phone:

Fax:

Web site:

Contact Person Regarding this application:

Title:

Phone:

e-mail:

Is your organization an IRS 501(c)(3) not-for-profit? Yes ___ No ___

If no, is your organization a public agency/unit of government? Yes ___ No ___

If no, please contact JOIN THE JOURNEY BEFORE PROCEEDING

Proposal Information:

Description of Project Goals for which funds are being requested:
Description of Target Population:
Geographic area served:
Please give a 2-3 sentence summary of request:
Time Frame in which this will take place:

Funds are being requested for (check one):
(Note: please make sure the JTJ provides the type of support you are requesting)

- | | |
|--|--|
| <input type="checkbox"/> Project/program support | <input type="checkbox"/> Direct Patient Support |
| <input type="checkbox"/> Materials | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pilot Program |
| <input type="checkbox"/> Start-up costs | <input type="checkbox"/> General Operating Support |
| <input type="checkbox"/> Other (list) _____ | |

Budget:

Dollar amount requested:
Listing of other funding sources for this request:
Long term funding strategies:

Evaluation:

Describe how you plan to evaluate the success of the project (include outcomes/results):
What do you want to happen as a result of your activities?

Name/Title of Person Filling out Application:	Signature:
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Questions/Information: jointhejourney@charter.net

Join the Journey is a non-profit 501(c)(3) public charity.

Pages 4 & 5 may be used for additional space if necessary. Please do not exceed this.

Updated 10/7/05