



Grant Application

To apply, please submit the following information as an attachment in PDF format to TDSNgrant@triangledownsyndrome.org. Faxes will also be accepted, submitted to (919) 788-3646.

Grants will be considered by the board at their meetings on the 1st Monday of each month. Grants must be received by the 15th of the month prior to the meeting to be considered for the agenda.

Please use the email address above or call (919) 803-0515 if you have any questions.

Base Information

Grant Title:
One line summary of grant request:
Date submitted:

Contact Information

Requester Name
Organization name (if appropriate):
Indicate how requester is associated with TDSN (i.e. parent, professional, educator etc.):
Mailing Address:
Phone number:
Email address:
Non profit identification number (if non-profit):
Web page of organization (if appropriate):

Grant will be used to (check all that apply)

- purchase items for use
- purchase items for distribution
- purchase food for an event
- purchase supplies for an event
- rent facilities for an event
- other (specify):

Description

Webpage address of event (if appropriate):

Describe in as much detail possible what the grant money will be used for and how this supports the intended community awareness.

Discuss what groups of individuals will have the opportunity to participate or be included.

Describe how the event or project will be communicated:

Outline the specific funding requested. If the funding request is approximate (i.e. food costs for an event) submit the requested budget. If approved, TDSN will approve a 'not to be exceeded' figure and provide funds once receipts are submitted.

Dates of event or dates by which the items will be distributed:

Describe how TDSN would receive credit/visibility for supporting this activity: