

Texas SandFest Grant Application

Name of Applicant:		
Date of Grant Application:		
Street Address:		
City:	State:	Zip Code:
Applicant Telephone:		
Applicant Email:		
Applicant Non-Profit Organization IRS TAX ID#:		
Amount of Grant Request:		
Describe proposed use of potential grant funds. A information about proposed use of funds to assist rev		o provide more detailed
Print Name and Title of person submitting grant appl	ication:	
(Name)	(Title)	
Signature of person submitting grant application:		
Include with Grant Application:		

- Documentary proof of Applicant Non-Profit IRS tax-exempt status;
- B. Applicant Non-Profit resume/background information;
- C. Applicant Non-Profit prior year and current year-to-date balance sheet and income statements;
- D. Proposed Budget for expenditure of potential grant funds.

Grant Application will be reviewed after receipt of all materials requested above in A-D. All Grant Applications are subject to approval by The Texas SandFest Board Members.

Submit by U.S. Mail to: Texas SandFest P.O. Box 1076 Port Aransas, TX 78373