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| **Partner Organization Name** |
| **Tax Status; 501 (c) (3)** [ ] **; 501 (c) (19)** [ ]  Governmental Organization [ ]  Other [ ]  (please specify)  |
| **Point of Contact Name**  | **Email Address** |
| **Mailing Address** |
| **Home Phone** | **Work Phone** | **Cell/Other** |
| **Name of Event** | **Date of Event** |
| **Location** |  **Number of survivors expected to be served.**  |
| **Brief description of your event:** |
| Do you include in your definition of Survivors the primary next of kin, including parents, surviving spouses, (so long as they remain unmarried until the age 55), and children up to age 23 of armed services members who lose their lives during the term of their enlistment regardless of military branch, duty status, or manner of death? Yes [ ]  No [ ] If not what definition to you use? |
| Dollar Amount of Support requested.  |
| Signature of Partner Organization Representative  | Date: |
| Approval of Grant, ANGF Executive Director | Date: |