



WESTON AGENCY
COMMUNITY OUTREACH GRANT APPLICATION

NAME OF ORGANIZATION:

TAX IDENTIFICATION NUMBER: _____

BUSINESS ADDRESS:

NAME & TITLE OF CONTACT:

TELEPHONE: _____

E-MAIL ADDRESS: _____

Please attach a brief description of your organization's mission and community outreach objectives. Also share with us the nature of the project for which you seek mini-grant funding, including the service(s) to be provided and the projected number of people who will benefit from this particular community outreach.

Mail your completed application to The Weston Agency
Attention Lisa Morrison 4001 E. Third Street suite 9 –
Bloomington, IN 47408
