

**THE GOOD NIGHT FOUNDATION  
GRANT APPLICATION**

1. Name of Applicant Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Applicant Contacts:	Name	Phone
	_____	_____
	_____	_____

5. Tax Status: 501(c)(3) (required, please confirm) YES / NO

6. Tax Classification (must be classified as a publicly supported organization under one of the following):

509(a)(1) \_\_\_\_\_ 509(a)(2) \_\_\_\_\_ 509(a)(3) \_\_\_\_\_

7. Grant amount sought \$ \_\_\_\_\_.

In addition to the above information, please attach the following supplemental information:

- Proposed Use of Grant Funds
- Organizational history
- List of board members/trustees
- Copy of IRS determination letter

Certification

I, \_\_\_\_\_ [authorized officer], hereby certify to The Good Night Foundation that all information contained in the foregoing application and attached supplemental materials is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (print or type)

\_\_\_\_\_  
Date