



Anne Arundel
SENIOR PROVIDER GROUP

Grant Request Form

Date: _____

Name of Non-Profit Organization: _____

Tax ID: _____

Contact Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____

Current Member of Senior Provider Group? _____

Brief description of services provided to seniors in our community:

Numbers of Senior Served per month: _____

What will the funds be used for?:

Why should your Non-Profit be selected?:

Thank you for submitting your application!

Each application is given serious consideration by the Grant Committee of the Senior Provider Group.

www.seniorprovidergroup.org