



ESTERO FOREVER FOUNDATION, INC
PO BOX 763

ESTERO FLORIDA 33929

Esteroforeverfoundation.org

Esteroforeverfoundation@gmail.com

Date _____

GRANT REQUEST FORM Amount of the Request _____

Name of Organization _____

Address _____

Contact _____

E-Mail _____

Phone Number _____

Website _____

Legal Status / EIN _____

If not a legal entity are you requesting sponsorship or do you have plans to organize as a 501C3? _____

If a 501C3, are you registered with the Florida Dept of Agriculture? _____

Grant Request Name _____

Describe the Program or attach information _____

Do you have some funding and what is your source? _____

What is the impact of your program on the Estero Community _____

When would the program start and be completed? _____
