



NON-PROFIT MARKETING GRANT APPLICATION

PRESENTED BY THE LEGACY BUSINESS LEAGUE

Date of application: _____

Name of Organization: _____ EIN Number: _____

Address: _____ City: _____ State: _____

Contact Name: _____ Title: _____ Phone: _____

Mission of your organization: _____

Organizations e-mail / website: _____

Is your organization a 501(c)(3), 501(c)(6), or 501(c)(19) not-for-profit? Yes No

Tell us the year your organization was established and about your current programs and activities.

If so, please provide a brief description. _____

Summary of Grant Request: (Please specify marketing goals the funds awarded would support)

Eligibility:

- Organization is currently active and operating.
- Must demonstrate a clear need for the grant funding to address a specific challenge or opportunity within your organization.
- Organization must be in compliance with all federal, state, and local laws and regulations pertaining to licensing and permits.
- Organization must be located within Harrison, Hancock, or Jackson counties

Email application and any additional supporting information to legacybusinessleague@gmail.com.