

BEYOND BORDERS FUND FOR SEXUALLY TRAFFICKED & EXPLOITED CHILDREN:
OFFICIAL GRANT APPLICATION

GROUP INFORMATION:

Name of Organization _____

Address _____

Telephone _____ Email _____

Website URL _____ Charitable Registration # _____

Primary Contact Name _____

GRANT REQUEST INFORMATION:

Amount Requested _____

Total Project Cost (if different than above) _____

Date Grant Required By (*please allow 30 business days prior to project date*) _____

Project Description (***separate document, 3-5 pages***)

Please include:

- Purpose of the organization
- Service provided by the organization
- Project purpose, description and how it advances the fight against child sexual exploitation
- Evidence of the need for the project
- Project timeline
- Recognition surrounding contribution (if applicable)
- Source of additional funding
- Annual operating budget of the organization
- Organization's latest annual report (if available)
- List of organization's executive and directors
- Details of previous grants received from Beyond Borders (if applicable)

Name _____ Title _____

Signature _____

For Beyond Borders Office Use Only

Date Received _____ Board Meeting Date _____ Approved yes no

Amount _____ Comments _____