

# GRANT REQUEST FORM



P.O. Box 485 • Bentonville, AR 72712 • info@fistularelief.org

Date:	
Name:	
Title:	
Organization:	
Address:	
E Mail:	

**MISSION STATEMENT:** We believe that every individual is deserving of hope and dignity. The Fistula Relief Foundation for Africa exists in order to make a tangible, sustained, and life changing difference in the lives of countless women in the developing world. The obstetric and traumatic fistula patients of sub-Saharan Africa need not live with this affliction any more. With the generous support of donors and volunteers, women will be able to heal in a respectful manner and live a dignified life without the stigma of this correctable condition. This project is ultimately about the reclamation of life.

1. What is the purpose of your grant request? (Attach exhibit 1)
2. How will you use the proceeds? (Attach exhibit 2)
3. How does your organization fit with FRFA's mission statement? (Attach exhibit 3)
4. Do you agree to the following: (Sign and date below if in agreement)
  - (a) that use of the grant will be for charitable purposes and the grant's specific purposes as stated in the agreement,
  - (b) that you will submit a written report to the FRFA on your use of grant funds on a recurring basis, and
  - (c) that you certify that you will take steps to protect against the improper diversion or misapplication of grant funds.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Please provide any other comments or information which would be pertinent to your grant request on additional pages. Submit Request Form and pages via e-mail or through regular mail at our address above.*