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# HERMANOWSKI FAMILY FOUNDATION INITIAL REQUEST FORM

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## Organization Information

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Organization Name:  
Legal Name (if Different):  
Also Known As:  
Mailing Address:  
City:  
State:  
Postal Code:  
Mail Phone:  
Main Fax:  
Organization Website:  
Employer ID Number:  
Organization Tax Status:

## Proposal Information

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Today's Date:  
Requested Amount (\$1,000 - \$10,000):  
Project Title:  
Project Description (Limit to 300 Words):

Total Project Budget:  
Other Funding:  
Sources For The Project (Committed & Potential):

Project Duration:  
Geographical Area Served:  
Age Group To Be Served:

## Contact Information

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Contact Prefix (Mr, Mrs etc.):  
Contact First Name:  
Contact Last Name:  
Contact Title:  
Contact Phone:  
Contact Email: