



LICENSE PLATE FUND
GRANT REQUEST
FORM-FALL 2022

Name of Organization: _____

TIN or EIN: _____

Tax Exempt Status: ___ 501(c)3 ___ 501(c)4 or 6 ___ NA

Contact Person/Title: _____

Address: _____

Phone: _____ e-mail: _____

IONE Grants previously received _____

Amount requested from the Indiana Nurses' Plate Fund \$ _____

Grant requests must include the following:

1. Description of your organization including mission and values.
2. Description of how funds will be utilized.
3. Complete **budget worksheet**. (required prior to issuing grant and at end of the year)

Grant recipients are responsible for:

1. Signing and returning the grant request by September 30
2. Submitting a **mid-term report** by June 30
3. Submitting a **final report** by December 31

Submit Documents via email or fax: *Rachel Spalding, DNP,RN,NEA-BC*
rspalding@gshvin.org
812.885.3314 TEL

Signature _____

Position in Organization _____

Printed Name _____