

WALLACE GENETIC FOUNDATION



COVER PAGE

Proposal to the Wallace Genetic Foundation

Organization name: _____

Tax exempt status: _____

Year organization was founded: _____

Date of application: _____

Address: _____

Telephone number: _____

Fax number: _____

Director: _____

Contact person and title (if not director): _____

Grant request: _____

Period grant will cover: _____

Type of request: _____

Project title: _____

Total project budget: _____

Total organizational budget (current year): _____

Starting date of fiscal year: _____

Organization's mission: _____

Summary of grant request: _____
