Wallace Genetic Foundation

Check List		Date of application:
Organization's nam	me:	
Name/title of chief	f officer:	
URL for Board of	Directors:	
Physical (not P.O.)) address:	
Website:		Email:
Phone number:		
Year organization	was founded:	Tax exempt status:
Starting date of fis	cal year:	
Total organization	al budget (most recent ye	ar):
URL for most rece	ent 990 or Audited Financ	eial Statement:
Organization's ove	erall mission:	
Proposed Grant I	Request	
Type of request:	(A) General Support:	(B) Specific Project:
If specific pr	roject, project title:	
Total project	budget:	
Summary and amo	ount of grant request:	
Contact person ar	nd title:	
Email:		Phone:
Name of person a	and address	
where any check	should be sent:	