

The Give Back Yoga Foundation
P.O. Box 11470
Takoma Park, MD 20913
info@givebackyoga.org
www.givebackyoga.org



Grant Application Form
Give Back Yoga Foundation

Name of Primary Applicant _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Title _____

Email _____ Telephone _____

Date Application Submitted _____ Project Dates _____

Total Project Budget _____ Amount of this Request _____

Please briefly describe your project and why it is important.

How will this benefit an un-served or underserved group within your community? (Please include at least one measurable objective.)

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Based on the objective(s), what is your action plan to accomplish the goal? (Tell us who will do what, when, how, and what resources will be required. Also include a project budget that lists all sources of revenues, anticipated expenditures, and how GBYF funds will be used. Please detail all individuals/organizations that are partnering in the project.)

How will you know if you have accomplished your objectives and achieved your goal? (Grant recipients are expected to present project results to our Board at completion)

What are the long range outcomes from this project?

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Have you looked at any other funding sources for your project? If so, what were they and why was funding denied?

Please list any other organizations that are also funding this project and describe the period and amount of this support. Also, list any organizations that have previously provided you with funding.

Please list any other information that you feel important to the Board.