

THE KYLE JEAN-BAPTISTE FOUNDATION INC.

P.O. Box 360154

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(718) 241-2370

kylejeanbaptistefoundation@gmail.com

Grant Application

Date of application: _____

Name of organization to which grant would be paid. Please list exact legal name:

Purpose of grant (one sentence): _____

Address of organization: _____

Telephone number: _____ E-mail: _____

Contact person and title: _____

Is your organization an IRS 501c3 not-for-profit? (yes or no): _____

If no, please explain: _____

Grant request: \$ _____

Project name: _____

Anticipated Date Range of Project: _____