

APPLICATION SUMMARY



Wayne & JoAnn Moore Charitable Foundation

Submission Date: _____

Organization Name:			
Mailing Address:		Physical:	
City, State Zip:		Federal Tax ID#:	
Executive Director:		E-Mail:	
Phone No:		Ext:	Fax:
Website:			
Contact Person:		E-Mail:	

Purpose of Organization:

Amount of Funds Requested: \$	
Total Project Budget: \$	
Purpose of Request:	

Summary of Request:

