

Walmart Foundation Home Office Local Choice Grant Application

***Application must be completed by the non-profit organization applying for funding**

Home Office Department Information

Division and Department Number: _____

Contact Person: _____

Telephone Number _____

Director/VP (signature required) _____

Organizational Contact Information

Name of Organization: _____

Tax Identification Number: _____

Address: _____

City, State, Zip: _____ Telephone Number: _____

President/ Executive Director: _____

Contact's Name & Title: _____

Telephone Number: _____ E-mail Address: _____

Organization Overview:

Mission Statement:

Brief Overview of the Organization:

County area selected:

Has your organization received funding from Wal-Mart Stores, Inc. or the Walmart Foundation in the past?

If so, when and how much and to what were the funds directed?

Program Information:

Provide a detailed description of the program or project for which you are applying for grant funding:

Requested grant amount:

Describe the problem or unmet need that you are addressing:

Population served by the program:

How will the success of the program be evaluated?

Provide program budget amount:

Provide annual budget amount of organization: