



NATIONAL FAMILY CAREGIVER SUPPORT GRANT APPLICATION

FY 25

Name of Organization/Individual: _____

Address: _____

Phone Number: _____

Contact Person: _____

Email: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Describe your organization, coalition or group (i.e. mission, etc.):

2. Describe your proposed project:

3. What are the goals of the proposed project?

NOTE: Please note that the grant period (SVCOA) is from October 1st, 2024 – September 30th, 2025 and a six-month report will be due by *April 15th, 2025* as well as an end of year report which is due by *October 15th, 2025*. This will be outlined in the grant agreement and a template will be provided.