



International Double Reed Society
 ATTN: Executive Secretary/Treasurer
 2423 Lawndale Rd
 Finksburg, MD 21048
 www.idrs.org | Email to: grants@idrs.org

For Office Use Only

*Please download this form and use Adobe Acrobat or Adobe Reader
 (https://get.adobe.com/reader/) to fill out, print and submit.*

GRANT REQUEST

All funding requests, both organizational and individual, must use this form. All pages must be returned with all applications.

GENERAL INFORMATION

DATE: _____ IDRS MEMBERSHIP # (if applicable): _____

NAME of Organization or Individual: _____

CONTACT PERSON (if Organization): _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

PROVINCE: _____ COUNTRY: _____

EMAIL: _____ WEBSITE (if applicable): _____

TEL: _____ FAX: _____

Are you applying as an individual? YES NO

If "YES" please proceed to page 2. If "NO" continue below.

Are you a 501(c)3 Non Profit Organization? YES NO

If "YES" please provide FIN # _____

Total Organization Budget \$ _____

Year Established _____

Organization Mission Statement:

Brief Description of Organization:



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DESCRIPTION of PROJECT and GRANT REQUEST

DATE of application: _____ IDRS MEMBERSHIP # _____

NAME (organization or individual): _____

PROJECT NAME (if none, leave blank): _____

Total Project Budget \$ _____ Amount of Grant Request \$ _____

Please attach a Project Income and Expense Budget, showing amount of this request as a line item in the Income portion. Not all requests will be funded. All information is kept confidential.

The IDRS may fund requests such as commissioning projects, educational study and research, performance assistance, and others. The IDRS does not fund requests for travel assistance, food, accommodations, and similar.

Type of request (commission, research, performance, etc.): _____

Grant Period: From _____ To _____

Description of Request (use extra pages if required and send with this request). Please include your name or your organization's name on all pages. Please be specific as to how funds will be used.



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TERMS

DATE: _____

NAME (of applicant): _____

All requests will be reviewed and addressed in a timely manner, based on the availability of the review committee. The applicant will be informed of the committee's decision after its thorough review. Applicants will be contacted at the address provided on this form. If a different address should be used for certain dates, please provide that information below.

Please sign below (by hand or electronically) and submit this application and any additional materials to the email (or post) address above. Please include your name on all pages submitted with this application.

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

Authorized Signature:

Signature

Date

If submitted via email, typed name will serve as signature.

ALTERNATE ADDRESS (if applicable)

Please use the address below for any correspondence during the dates noted.

DATE: From _____

To _____

NAME: _____

C/O (if applicable): _____

ADDRESS: _____

CITY: _____

STATE: _____

POSTAL CODE: _____

PROVINCE: _____

COUNTRY: _____

TEL: _____

EMAIL: _____