

NATIONAL LIFE GROUP CHARITABLE FOUNDATION, INC.

**COVER SHEET FOR GRANTS OVER \$1000
2008-2009**

Date: _____

Organization's name: _____

Project name: _____

Address: _____

Name and title of contact person: _____

Phone number: _____

Grant amount requested: _____ **Total project budget:** _____

Is there an urgency for the requested donation? _____

Please keep in mind, requests over \$5000 will generally be reviewed three times a year; February 1, June 1, and October 1. Otherwise, you will hear from us within six weeks of submitting your application.

Mail your grant request to:
Martha Trombley Oakes, M520
National Life Group Charitable Foundation
One National Life Drive
Montpelier, VT 05604