



IONL LICENSE PLATE FUND GRANT APPLICATION- 2024

Name of Organization: _____

TIN or EIN: _____

Tax Exempt Status: ___ 501(c)3 ___ 501(c)4 or 6 ___ NA

Contact Person/Title: _____

Address: _____

Phone: _____ e-mail: _____

IONL Grants previously received: _____

Amount requested from the Indiana Nurses' Plate Fund \$ _____

Grant requests must include the following:

1. Description of your organization including mission and values.
2. Description of how funds will be utilized.
3. Complete **budget worksheet**. (required prior to issuing grant and at end of the year)

Grant recipients are responsible for:

1. Signing and returning the grant request by **September 30th**.
2. Submitting a **mid-term report** by **June 30th**.
3. Submitting a **final report** by **December 31st**

Submit Documents via email or fax: Rachel Spalding, DNP, RN, NEA-BC
License Plate Chair, IONL
rachelspaldingdnp@gmail.com
270-584-5644

Signature _____

Position in Organization _____

Printed

Name _____