Wallace Genetic Foundation

Check List		Date of application:
Organization's nam	ne:	
Name/title of chief	f officer:	
URL for Board of	Directors:	
Physical (not P.O.)) address:	
Organization's name: Name/title of chief officer: URL for Board of Directors: Physical (not P.O.) address: Website: Phone number: Year organization was founded: Starting date of fiscal year: Total organizational budget (most rece URL for most recent (within two years Organization's overall mission: Proposed Grant Request Type of request: (A) General Support		Email:
Phone number:		
Year organization	was founded:	Tax exempt status:
Starting date of fis	cal year:	
Total organizations	al budget (most recent ye	ar):
URL for most rece	ent (within two years) For	rm 990:
Organization's ove	rall mission:	
Proposed Grant F	Request	
Type of request:	(A) General Support:	(B) Specific Project:
If specific project, project title:		
Total project	budget:	
Summary and amo	ount of grant request:	
Proposal contact pe	erson and title:	
Email:		Phone:
Name of person an	d address	
where any check sl	hould be sent:	