

TFFFDNSFP APPLICATION

The Family Fund For Doing Nice Stuff For People

Nominator's Name: _____

Relationship to Nominee: _____

Nominee's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

In what ways has the Nominee made their community better?

Grant requested (include details: type, amount, duration, frequency, payee, special instructions, etc.):

Is there demonstrated need? ☐Yes ☐No ☐Unknown

(demonstrated need is not required, but preferred)