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| **Legal name of the organization as indicated on the 501(c) (3) document** |  |
| **Location - address of facility applying for the security grant enhancements** |  |
| **Mailing, address if different** |  |
| **Website address of the Nonprofit Organization (Verifiable )** |  |
| **Email address of the Nonprofit organization** |  |
| **Telephone number of the Nonprofit facility** |  |
| **Contact information of the person submitting this form, including your title/role - Indicate if you are a contractor, organization staff or a volunteer (If you are paid you are not a volunteer)** |  |
| **Are you Authorized by the applying organization to submit on their behalf? Yes/No** |  |
| **Who completed the Investment Justification application?** |  |
| **Primary Point of Contact (POC) Name****Title/Role****Email Address****Telephone number/s** |  |
| **Additional POC Name****Title/Role****Email Address****Telephone number/s** |  |