**FOUNDATION FOR WASHINGTON STATE COURTS**

**GRANT APPLICATION**

Court Applying for Grant: Date:

Contact Person(s) for Applicant:

NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

Telephone:

E-mail Address:

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Amount of this request: $ Funds needed by:

Time frame in which funds will be used: to

Purpose of request: Please describe below the reasons the Court is seeking these funds at this time and how the administration of justice would be enforced if the grant request were approved. **Please attach back-up documentation (bids, quotes, etc.):**

How did you determine this was the best price or alternative (*i.e.* did you look at other options and why was this was chosen)?

Please return to: Foundation for Washington State Courts
909 A Street Suite 700

 Tacoma, WA 98402

or: roy@kubikmediation.com