


IPA -USA Grant Application

Date of application:		 The American Association for Promoting the Child's Right to Play	
Contact Information:			
Name:		Phone:	
_____		_____	
Address:		Apt/Suite:	
_____		_____	
City:	State:	Zip:	
_____	_____	_____	
Title of Project:			
_____			
Number of Children Impacted:		Total Project Budget:	
_____		_____	
Please describe the need this project addresses:			
_____ _____ _____ _____ _____			
Please describe how the grant will address this need:			
_____ _____ _____ _____ _____			
Please describe how success for this project will be assessed:			
_____ _____ _____ _____ _____			

Please submit this application to [ipausa2019user@gmail.com](mailto:ipausa2019user@gmail.com)