

Community Grant Program

Walmart.org Preview Form

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

Contact Information

*** First Name**

(Text)(40 character maximum)

Instructions:

- Enter the contact's first name.

*** Last Name**

(Text)(40 character maximum)

Instructions:

- Enter the contact's last name.

*** Contact Title**

(Text)(50 character maximum)

Instructions:

- Enter the contact's title.

*** Address**

(Text)(100 character maximum)

Instructions:

- Enter the contact's address.

*** City**

(Text)(50 character maximum)

Instructions:

- Enter the contact's city.

*** State**

(Single-Select List)

Instructions:

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific

- Enter the contact's state.

- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island

- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

*** Zip**

(Text)(5 character maximum)

Instructions:

- Enter the contact's zip.

Telephone

(Text)(30 character maximum)

Instructions:

- Enter the contact's telephone number starting with the Area Code.

*** E-mail Address**

(Text)(100 character maximum)

Instructions:

- Enter the contact's e-mail address. **Please ensure the accuracy** of this email address as it will be used for correspondence.

*** Contact Type**

(Single-Select List)

- Board Member
- Development Staff
- Executive Director
- Grant Preparer
- Primary Contact
- Program Lead
- Public Relations
- Trustee

Instructions:

- Select the contact type that best describes the contact's position within the organization.

Program Information

In an effort to streamline the application and review process we have made program updates, which includes shortening the application.

Grant Type

(Single-Select List)

Instructions:

- Local Community Contribution

*** Program Name**

(Text)(50 character maximum)

*** Requested Grant Amount**

(Currency)(20 character maximum)

*** International Funding**

(Yes/No)

*** Focus Area**

(Single-Select List)

- Hunger Relief and Healthy Eating
- Health and Human Services
- Quality of Life
- Education
- Community and Economic Development
- Diversity and Inclusion
- Public Safety
- Environmental Sustainability

You have selected: Hunger Relief and Healthy Eating

(No input required)

You have selected: Health and Human Services

(No input required)

You have selected: Quality of Life

(No input required)

You have selected: Education

(No input required)

- Please select the grant type for which you are applying.

Instructions:

- What is the program for which the organization is requesting funding?

Instructions:

- Enter the dollar amount you are requesting (Community Grants can only be requested for \$250 to \$5,000).

Instructions:

- Is this funding request for an organization located outside of the US, or will the funds be distributed outside the US?

Instructions:

- Please choose the option that best describes the primary focus of the program requesting funding.

Instructions:

- Providing Federal or charitable meals/snacks for low income individuals and families in the United States or Puerto Rico.

Instructions:

- Providing medical screening, treatment, social services, or shelters for low income individuals and families in the United States or Puerto Rico.

Instructions:

- Improving access to recreation, arts, or cultural experiences for low income individuals and families in the United States or Puerto Rico.

Instructions:

- Providing afterschool enrichment, tutoring, or vocational training for low income individuals and

families in the United States or Puerto Rico.

Instructions:

- Improving local communities for the benefit of low income individuals and families in the United States or Puerto Rico.

Instructions:

- Fostering the building of relationships and understand among diverse groups in the United States or Puerto Rico.

Instructions:

- Supporting public safety programs through training programs or equipment in the United States or Puerto Rico.

Instructions:

- Preventing waste, increasing recycling, or supporting other programs that work to improve the environment in the United States or Puerto Rico.

You have selected: Community and Economic Development
(No input required)

You have selected: Diversity and Inclusion
(No input required)

You have selected: Public Safety
(No input required)

You have selected: Environmental Sustainability
(No input required)

Organization Information

Legal Name
(Text)(100 character maximum)

Instructions:

- Organization's name entered during the registration process. If this is blank or needs to be updated, click the Need Support link at the bottom of this page.

AKA Name
(Text)(100 character maximum)

Instructions:

- Enter the AKA Name of the organization (if applicable). Please use only letters and numbers, no punctuation marks or special characters.

*** Organization Address**
(Text)(100 character maximum)

Instructions:

- Enter the organization's mailing address. Please use only letters and numbers, no punctuation marks or special characters.

*** Organization City**
(Text)(50 character maximum)

Instructions:

- Enter the organization's city.

*** Organization State**
(Single-Select List)

Instructions:

- Enter the organization's state.

- (Not Applicable)

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina

- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

*** Organization Zip / Pin Code or Postal Code**
(Text)(10 character maximum)

Instructions:

- Enter the organization's zip code / pin code or postal code.

Telephone
(Text)(30 character maximum)

Instructions:

- Enter the organization's telephone number.

Fax
(Text)(30 character maximum)

Instructions:

- Enter the organization's fax number.

Organization's Website Address
(Text)(100 character maximum)

Instructions:

- Enter the organization's website address. Enter N/A if not applicable.

*** Organization Mission**
(Paragraph)(2000 character maximum)

Instructions:

- Enter a brief summary of your organization's mission and goal

*** Organization's Facebook Site**
(Text)(500 character maximum)

Instructions:

- Enter the organization's Facebook site. Enter N/A if not applicable.

Instructions:

*** Organization's Twitter Handle**
(Text)(500 character maximum)

- Enter the organization's Twitter handle. Enter N/A if not applicable.

Agreement

Please read the Grant Agreement provided by clicking the link below. By submitting an application, you are agreeing that the organization will be bound by the terms of this agreement.

[Community Grant Agreement](#)

*** MOU Applicant's Name**
(Text)(100 character maximum)

Instructions:

- Please enter your name, not the organization's name.

*** MOU Applicant's Title**
(Text)(100 character maximum)

Instructions:

- Please enter your official title with the organization.

*** Acknowledgement of Terms and Conditions**
(Checkbox List)

Instructions:

- AGREE

- To signify your organization's agreement, and your authority to bind your organization, click "I agree".

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