



Friends of Gwinnett Seniors

Grant Application for Organizations

Please fill this application completely. Unanswered questions may result in an incomplete application. Incomplete applications will not be considered.

Organizational Information: Provide the legal name of the organization; the physical & mailing addresses; the email; website; contact number and primary contact person.

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Describe your type of organization; the Mission and Goals:

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Has your organization ever received funding from **Friends**? Yes No

If Yes, amount of grant: \$ _____ Date of grant: _____

Program Request: Describe the Program for which funds are being requested. Include the name of the program; the goals & objectives; the **sum** being requested; the community (target population) that will be served and need/s that will be addressed.

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How many persons will the program serve? How will you measure the effectiveness of the program?

Please present a budget for the program showing where the requested grant funds will be applied. If the program will be funded by other grantor/s, please state the name of the grantor/s and the amount committed:

References: Please provide the names, phone numbers, email addresses and contact persons for three business partners familiar with the work of your organization:

Attachments: Please attach the following to your application: List of the Board of Directors; IRS 501 (c)(3) or 501 (c)(4) letter (if non-profit); prior year's audited financial statements; current year's income & expense statement and balance sheet.

This application is a request for a **Friends** grant. Your data will not be shared with any unauthorized person or agency. Grants must serve all persons without discrimination based on race, religion, age, gender, economic status, cultural heritage, national origin and disability. **Friends** reserves the right to verify any statement made on the application. The person signing on behalf of the organization is authorized to represent the applicant and transact business on behalf of the Applicant. If approved for the grant, the undersigned will be advised by **Friends** and an Agreement will be signed for the disbursement of the award.

Name of Organization/Applicant: _____

Name of Authorized Representative _____ Date _____

Signature of Representative: _____ Date _____