

# **APPLICATION**

Legal Name of Organization:	 		
Mailing Address of Organization:	 		
City	 State	Zip	
Telephone:			
Date of Incorporation:	 		
EIN:			
Contact Person:			
Telephone:			
Email:			

Mission statement or principal purposes of and services provided by your organization:

# ATHENS FEDERAL APPLICATION (2 of 4)

Geographic Area Served:			
Organization's Total Budget		for Fiscal Year E	Ending
Percentage of Your Organization	n's Income That Goes	Toward Your Organ	ization's Mission:
Number of Employees:	Full Time:	Part Time:	Volunteers:
Number of Clients Served Annua	ally:		
Other Sources of Support for Yo	ur Organization: (e.g.	, United Way, State,	Federal, Corporate, etc)

# ATHENS FEDERAL APPLICATION (3 of 4)

Date of Request:	Amount of Request: \$
Other Sources of Funding For This Projection	ect/Program:
	<b>\$</b>
	<u></u>
	<u></u>
	<b>\$</b>
	<b>\$</b>
	<u></u>
Period of time in which funds will be utili	ized: Beginning Ending

Purpose of Request (Include amount requested and specifics of how funds will be used):

# ATHENS FEDERAL APPLICATION (4 of 4) Expected Benefits of Funded Program or Project:

### Certification:

I certify that the information	supplied on this	application	is true to	the best of my	knowledge.

Name:	Title
_	 

# Date \_\_\_\_\_

## **Submission Instructions**

Please submit the grant application along with the following to athensfederalfoundation@gmail.com:

- · List of Board of Directors or Officers
- Project Budget
- Your Section 501c (3) nonprofit status exemption letter from the IRS

# Note: Grant applications are due by August 15, 2020.

Please forward this completed application or direct any questions to:

Athens Federal Foundation athensfederalfoundation@gmail.com

2020 grant applications will only be accepted electronically via email.

You will receive a confirmation reply when your application is received or if additional information is required.