

INSTRUCTIONS:

1. Print this application form;
2. Complete and sign the form;
3. Scan the completed form, with supporting information, and email to info@communitycorporation.org

COMMUNITY CORPORATION

Grant Application Form

Name of Organization: _____ **Tax ID No.:** _____

Mailing Address: _____

Contact Person: _____ **Title:** _____

Telephone: _____ **Mobile:** _____ **Fax:** _____

Email Address: _____

Website Address: _____

GENERAL BACKGROUND (Maximum 1 page)

1. **Description of Organization:** Provide a brief history of the organization, its goals and objectives, and the list of accomplishments related to the organization's mission.
2. **Qualifications and Expertise:** Describe who are the key members of the organization, the particular qualities, responsibilities and/or skills they bring to the organization in order to meet its mission.

ORGANIZATIONAL STATUS

3. Are you a non-profit organization? / / Yes / / No
 - a. If yes, provide copy of tax exempt certificate.
 - i. Date filed: _____ EIN No.: _____
 - b. If requested, are Financial Statements Available? / / Yes / / No

FUNDING STATUS

4. Has your organization received grants in the past to help fund your organization? Yes () No ()
- a. If yes, please provide the following information:
- i. Funding Sources/Organizations: _____
 - ii. Project Funds were used for: _____
 - iii. Your annual budget: _____
 - iv. Amount of Grant: _____

PROPOSED PROJECT FOR USE OF FUNDS

5. Name of Proposed Project: _____
6. Proposed Location: _____
7. Proposed Date/Duration of Project: _____
8. Amount Requested: _____
9. Indicate how funds will be specifically used:
- _____
- _____
10. Estimated number of people who will benefit from the project:
- a. Participants Youth 17 and under: Drug Prevention Programs _____
 - b. Drug Prevention Programs _____
11. This application is being submitted for consideration to benefit the following:
- a. Youth Sports – 17 and Under _____
 - b. Drug Prevention Programs _____
12. Project Description (No more than 4 pages)
- a. Describe the continuing or proposed Project: Provide an overview of the project that is to be undertaken. Description of a work plan and a time frame to accomplish the project.
 - b. Goals and Objectives: What does your organization expect to achieve as a result of this project/activity?
 - c. Beneficiaries: Who are the expected beneficiaries and what benefits will they receive as a result of this project?

- d. **Community Support:** Please provide three letters of recommendation from community advocates /leaders/participants who support your project.
- e. **Benefits and Outcomes:** What do you expect will be the benefits and outcomes of your project. Please explain in details.

LEGAL ASSURANCES

In the event an award is made on this application; the following terms and conditions shall be complied with as signified by the applicant's signature. This application shall become a property of Community Corporation for its intended use and Community Corporation shall not be obligated to return any documents submitted. Furthermore:

- 13. The grant cannot be assigned to a different project without the expressed written consent of Community Corporation.**
- 14. The Grantee shall submit to Community Corporation the dates, times and locations of the project to take place and allow a representative of Community Corporation to attend at no cost.**
- 15. Grantee agrees that Community Corporation may disseminate news of the award to all modes of communication, whether earned or paid media, electronic, broadcast, social media, printed, press releases, programs, publications and any material promoting the project and grantee is also allowed to publish the award.**

CERTIFICATION (Unsigned proposals will not be accepted):

The information contained in this application and all supporting documents and materials is true, correct and complete and, to the best of my knowledge and belief is provided in good faith, with the knowledge and intention that Community Corporation can rely upon it in evaluating and reaching a decision on the grant request.

AUTHORIZED

SIGNATURE: _____ **DATE:** _____

PRINT

NAME: _____ **TITLE:** _____