

TRAER COMMUNITY FOUNDATION

GRANT APPLICATION GUIDELINES

DATE OF APPLICATION _____

NAME OF ORGANIZATION _____

ADDRESS _____

DESCRIPTION OF GRANT PROJECT _____

ATTACH COPY OF PROJECT BUDGET

AMOUNT REQUESTING\$ _____ PREFERRED PAYMENT DATE _____

IF THERE IS NO REQUEST FOR THE APPROVED GRANT FUNDING OR NO WRITTEN REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2020, THE APPROVED GRANT IS RESCINDED

TIMEFRAME FOR PROJECT _____

CONTACT PERSON, TITLE AND PHONE NUMBER _____

IS THE APPLICANT A GOVERNMENTAL BODY (City, School, Etc) Yes or No

IF NO, IS THE APPLICANT AN IRS DESIGNATED 501(C)(3) NON-PROFIT ORGANIZATION?
Yes or No

IF YES, THE APPLICANT MUST ATTACH THE ORGANIZATION'S IRS 501(C)(3) DETERMINATION LETTER

STATEMENT OF PURPOSE _____

DESCRIPTION OF THE ORGANIZATION AND ITS ACTIVITIES _____

COMMUNITY NEED AND BENEFITS TO BE DERIVED BY THE COMMUNITY _____

LONG TERM GOALS OF PROJECT _____

SPECIFIC, SHORT-TERM, MEASURABLE OBJECTIVES _____
