

# 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REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2024, THE APPROVED GRANT IS RESCINDED**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 \_\_\_\_\_