



Foundation for a Greater Greenwood County
Grant Application – APPLICATION DEADLINE- February 1st

Organization's Legal Name					
Executive Director's Name					
E-mail Address					
Office Phone					
Program Coordinator Name					
Organization Mailing Address					
City		State		Zip Code	
EIN (Fed Tax ID Number)					
Grant Request Amount: (Multi-year Grant Requests Are Not Accepted by the Foundation)					
Summary: Purpose of the Grant Request (Fields below limited to 750 characters each)					
Describe the program to which the grant will be applied; is this a new or existing program?					
The Program for which you are requesting funding:					
Describe the problem or opportunity the program address?					

<p>What steps has your organization taken to assess the population affected by the problem or opportunity? How many people in Greenwood County are affected by this problem/opportunity?</p>		
<p>Summarize the program's overall plan of activity to address the problem or opportunity.</p>		
<p>How does this program relate to the Foundation for a Greater Greenwood's focus areas of workforce and community development?</p>		
<p>What other organizations or programs in Greenwood County support your program?</p>		
<p>Have you received funding from the Foundation for a Greater Greenwood County before?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, identify program and number of years of support received.</p>		
<p>Identify additional funding sources that you have received support from for this program.</p>		

Identify the measurable successes your organization is committed to achieving with this program?

What measures will be used to demonstrate the impact of this program on the population served?

Attach the following (may be sent as .pdf files to kself@partnershipalliance.com)

Organizational budget

Program or project budget (including other anticipated sources of funding)

Most recent financial statement

Proof of IRS tax-exempt determination letter

Past 3 years of IRS tax form 990

Anti-discrimination statement adopted by the Board of Directors

Annual Report if available

The Organization requesting funding:

What is the Mission Statement of your organization?

Please provide a history of your organization's work in Greenwood County.

List the names (and affiliations) of all members currently on the organization's Board of Directors.

Please describe all current programs and services of the organization.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)

Signature

Date (m/d/yy)