Organization: _____ Date: _____

Address: _____

City, State & Zip: _____

Contact: _____ Title: _____

E-Mail Address: _____ Phone: _____

Are you a 501(c)(3) organization? Yes ☐   No ☐

If no, explain: _____

Project Name: _____

Amount Requested: _____ Total Project Cost: _____

Concisely describe the program or project for which you are requesting funding:

Define the program's goals:

Is this a new ☐   expanded ☐   or continuing program? ☐

Explain:

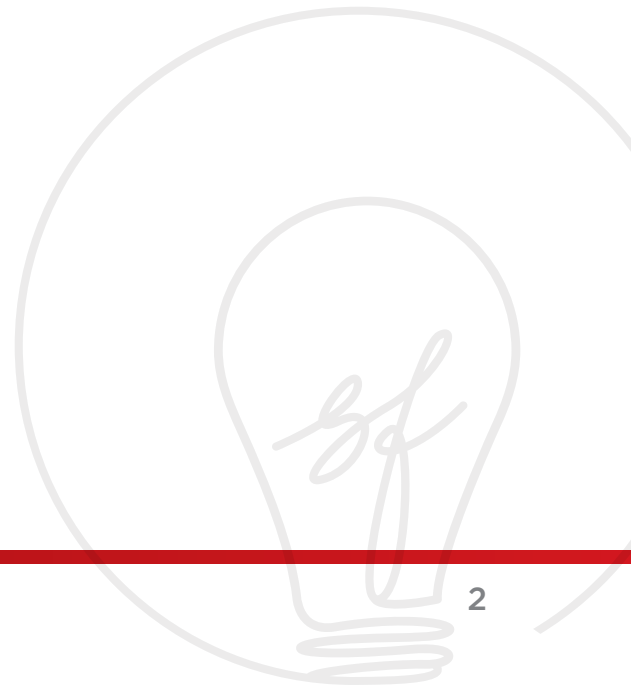Provide a financial breakdown of the funds requested:

Attach documentation for projected costs

What is the program's time period? Start date: _____   Finish date: _____

Number of people this project will benefit in Shelby? _____

Number of people this project will benefit in the surrounding community? _____

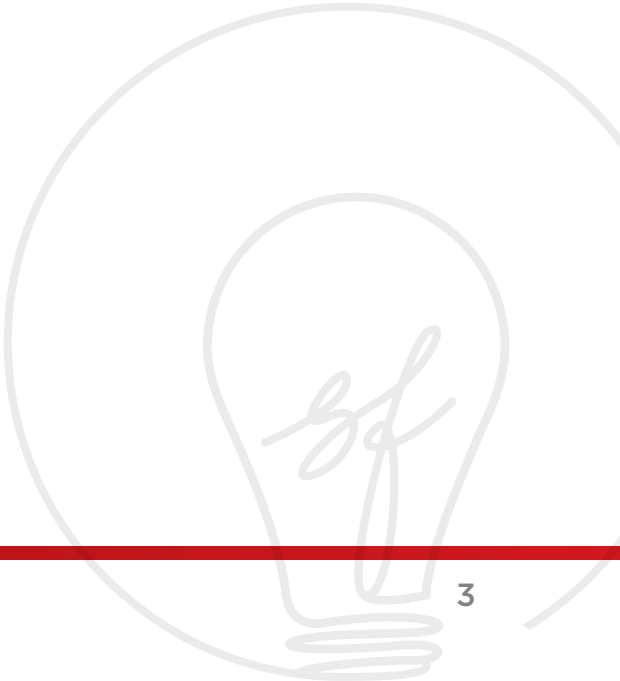Funding sources and amounts applied for, received or committed.

What other agencies/organizations are actively collaborating with this program and what is their role?

How will the program be funded in the future?

Will you accept partial funding?   Yes ☐   No ☐

If so, how will you meet your budget or scale back?

What will be the program's immediate and lasting benefits?

How will you evaluate the program? How will you know it has been successful?

Please attach the following documents to the grant application:

☐ IRS Tax exempt letter
☐ Most Recent Financial Audit
☐ Current Fiscal Year Budget
☐ Current Board of Trustees List
☐ History of the Organization including its Mission and Current Program Offerings

I support and endorse the above grant, and verify the information provided. I further agree to report to the Shelby Foundation the ultimate use and completion of the grant once received, and to refund any excess funds unused for the grant as applied for.

_____   _____
Signature of Authorized Representative   Date