



Organization: _____ Date: _____

Address: _____

City, State & Zip: _____

Contact: _____ Title: _____

E-Mail Address: _____ Phone: _____

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

Project Name: _____

Amount Requested: _____ Total Project Cost: _____

How has your organization been impacted by crisis?

Describe the program or project for which you are requesting funding:

Is your organization addressing a community need in Shelby? If so, how?

Is this program: New _____ Expanded _____ Continuing _____

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

Have you applied for other funding this emergency? If yes, from who?

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

Will you accept partial funding? Yes _____ No _____

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

