

**Faith Hope & Charity Recycle Store, Inc.**

**449 Industrial Drive, Suite 120**

**ELLIJAY, GEORGIA 30540**

**706-635-3035**

**GRANT APPLICATION**

**SECTION 1**

Organization Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

**SECTION 2**

1. Does your organization hold a 501 (c)(3) status: Yes No if no, why not?
2. Does your organization require formal commitment to any particular religious doctrine or faith in order to receive services? Yes No
3. Attach a copy of financial statement(s) and audit reports, if available, for the most previous year. Attach your current year budget.
4. Describe the administrative structure of the organization including staffing and governing body.
5. When applicable, please provide a list of the organization's officers and a copy of its By-Laws.

### **SECTION 3**

1. State the mission of your organization.
2. Describe the problem/situation this grant will help to address.
3. How does the organization benefit the people of Gilmer County?

### **SECTION 4**

1. Amount of grant requested: \$ \_\_\_\_\_ Is this a one time grant or monthly request? \_\_\_\_\_
2. Describe specifically how these grant funds would be spent.
3. List existing and other potential funding sources.
4. If you have received FH&C funding in previous grant cycles, please indicate the amount of FH&C funds remaining. \_\_\_\_\_

## SECTION 5

If funded, you are required to submit a summary at completion of the project, describing how the grant funds were used. Send the summary to the address noted above by February 15 of the year following the grant, ATTN: Grant Committee. Failure to submit this report shall preclude your organization from future grant consideration.

The information contained in this statement is for the purpose of obtaining funding from Faith Hope & Charity Recycle Store, Inc. on behalf of the undersigned. The undersigned understands that the information provided herein would be used to evaluate the application and the undersigned represents and warrants that the information provided is true and correct. Authorization is granted to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Failure to return this application to FH&C Recycle Store by February 15, 2010 shall preclude your organization from any Grants at this time.

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NAME OF ORGANIZATION

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AUTHORIZED NAME (SIGNATURE)

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PLEASE PRINT NAME & TITLE

DATE

Must be delivered or mailed to Faith Hope and Charity marked to the attention of the Grant Committee