

Faith Hope & Charity Recycle Store, Inc.
449 Industrial Drive, Suite 120
ELLIJAY, GEORGIA 30540
706-635-3035

GRANT APPLICATION

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) financial statements, audits, and 990, 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: \$ _____
2. Is this a one time grant or monthly request? _____
3. Describe specifically how these grant funds would be spent.
4. List existing and other potential funding sources.
5. If you have received FH&C funding in previous grant cycles, please indicate the amount of FH&C funds remaining. _____

SECTION 5

Quarterly Report Agreement for Grant Recipients

The report must describe in detail how the money you received during the previous quarter was used.

- January, February, March - Report by April 15
- April, May, June - Report by July 15
- July, August, September - Report by October 15
- October, November, December - Report by January 15

Failure to submit your report on time will result in withholding of your grant funds.

This form must be returned with your grant application.

SECTION 6

If funded, you are required to submit a summary of grant funds used by April 15, describing how the grant funds were used. Send the summary to the address noted above by April 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 November 1, shall preclude your organization from any Grants at this time.

NAME OF ORGANIZATION

AUTHORIZED NAME (SIGNATURE)

PLEASE PRINT NAME & TITLE

DATE

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