



GRANT APPLICATION

Must be a 501(c)3 Organization to apply for grants, per requirements of the Athens Area Community Foundation

Name of Organization: _____

Address of Organization: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Contact Person: _____

Title: _____ Direct Line: _____

Email: _____

Organizational Website: _____

Program Area(s) Organization Serves: _____

How long has the organization been in in operation? _____

Annual Organizational Budget: \$ _____ Area You Serve(s): _____

Grant Request: \$ _____ Total Project Budget: \$ _____

Project Name that grant will support: _____

Is this a sponsorship opportunity? Yes No Date of Event: _____

Have you received a grant from The Remarkable Foundation before? If so, when? _____

Provide a BRIEF synopsis of how you would apply the monies received to further the work of your organization:

Prepared by: _____ Title: _____

Signature: _____ Date Submitted: _____