

COMMUNITY IMPACT GRANT PROGRAM FOR NON-PROFITS IN ELBERTON

APPLICATION FORM FOR FY 2025

Data of Application		Federal Tax ID Number	
Date of Application		Number	
Organization Name			
Physical Address			
Mailing Address			
Contact Person		Title	
Primary Phone #		Secondary Phone #	
Email Address			
			Program Grant
Grant Amount Requested	\$ 00 and maximum \$7,500)	Type of Grant (check one): See instructions for definitions	Operating Grant
Application Checklist	: Provide <u>all</u> of the following it	tems as an attachment to this applicatio	on. Incomplete or missing
information will result	t in the rejection of this applicatio	n.	
	= =	cluding all expenses and revenues for the page and expenses are expenses and expenses and expenses and expenses and expenses are expenses and expenses and expenses and expenses are expenses and expenses and expenses are expenses and expenses and expenses are expenses are expenses and expenses are expens	
		ax exempt status. (Or if application is peed with the Internal Revenue Service.)	nding, proof of application
IRS Form W-9	ı		
Narrative Questions:	(You may include up to two addit	tional sheets of paper to answer these que	stions if needed)
		n of your organization and its services.	stions in necucu.,
2.11			
z. How does your org	anization typically raise funds? W	Vhat is the source of your revenues?	

3. Description of program to be fu	unded, or a description of services t	o be provide with grant fur	nds.
4. Target beneficiaries including t	he number of persons served or be	nefitted if known.	
5. Description of proposed outcor	mes. Provide details or metrics on o	determining what makes th	is grant a successful project.
6. Describe the timeline and sche	dule for implementation of the gran	nt.	
herein is true and accurate, (2) the application for grant funds, (3) to necessary to verify the accuracy of required to enter into a grant agrowill abide by the post-award requapplied for in this application and	chis application below, the authorized the official has been authorized that the City of Elberton is authof the statements made herein, (4) the ement prior to receiving funds whirements of the grant including that that are eligible under applicable lareimbursement-based grant which City or its representatives.	d by the organization's Boarized by the applicant to hat the official understand nich shall include a sworn at the grant proceeds will ow, (5) that periodic reports	and of Directors to make this make all inquiries it deems is that grant recipients will be attestation that the recipient only be used for the expenses is will be required in the grant
Signature of Authorized Official: Printed Name:			Date
Notary Public, Elbert County, GA My Commission Expires:		[NOTARY SEAL AFFIXED]	