

COMMUNITY FOUNDATION *for* NORTHEAST GEORGIA

6500 Sugarloaf Parkway, Suite 220
Duluth, GA 30097
(770) 813-3380 / FAX (770) 813-3375

2012 Grant Period

GRANT PROPOSAL COVER SHEET

***This completed and signed cover sheet MUST ACCOMPANY the final proposal
and be returned to the Foundation offices by March 1st .***

Date of this Application: _____

Name of Organization: _____

****County you are located in*:*** _____

Mailing Address of Organization: (include street address if different)

Executive Director: _____

Telephone Number: (with area code) _____

Contact Person, Title & Telephone Number: (If other than the Executive Director)

Project Name: (if applicable) _____

Grant Request Amount: _____

Describe SPECIFICALLY how grant monies will be used: (DO NOT reference an attachment - complete in space provided):

Total Organizational Budget for current year: \$ _____

Total Project Budget: \$ _____

Prepared by: _____
(Print name & title)

Signature of Director _____

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The *Community Foundation for Northeast Georgia* looks forward to reviewing your Grant Proposal. Each proposal is reviewed by our Grants Committee and the Board of Directors. The process to do this will be completed by the end of April. You will be notified at that time as to the status of your request. We ask that you take a moment to review the items listed below.

Please review the Grant Proposal Guidelines, there have been some changes.

Please do not reproduce the Grant Proposal Cover Sheet. It is acceptable to complete this form by hand.

Please attach the **original** Grant Proposal Cover Sheet with the **original** grant request.

Please attach a copy of the Grant Proposal Cover Sheet with **each** of the 15 copies of the grant package.

If you have any questions regarding the completion of the grant proposal, please call Beverly Estafen at (770) 813-3382.