



6500 Sugarloaf Parkway, Suite 220, Duluth, GA 30097  
770-813-3380



## **2019 GRANT APPLICATION COVER SHEET**

**This completed and signed cover sheet MUST ACCOMPANY the final grant application.**

Name of Organization:

Address of Organization:

Counties Served:

Executive Director:

Telephone Number:

Email Address:

Contact Person, Title, Telephone Number and Email: *(If other than Executive Director)*

Project/Program Purpose:

A tour with the MADAC Advisors is highly recommended to accurately convey your program's need and funding request. Please schedule prior to November deadline.

Describe SPECIFICALLY how grant monies will be used:

Total Project/Program Budget:

Funds Raised to Date:

Grant Request Amount (up to \$4,200):

Signature of Director/Board Chair/President: \_\_\_\_\_

Signature of Director/Board Chair/President: \_\_\_\_\_



## **GRANT APPLICATION GUIDELINES**

The Grant Application shall not exceed five (5) pages. You must use each of four (4) headings that are listed below in the order listed and you must include the information requested under each heading. In addition, provide the documents listed in section 5. Grant Applications should be submitted via email in PDF format to [kmiller@cfneg.org](mailto:kmiller@cfneg.org). Incomplete applications or those received in any other format will not be accepted for consideration. **Deadline for application is November 15, 2019.**

### **1. ORGANIZATION BACKGROUND**

- Your organization's mission, goals and purposes.
- Your organization's most recent activities.
- Collaborative activities with other organizations providing similar services.
- The population your organization serves.
- The staffing of your organization, both professional and support, full-time and part-time.
- Percentage of board who contribute monetarily to your organization.

### **2. PROJECT/PROGRAM PURPOSE AND DESCRIPTION**

- Project/Program objectives, as well as immediate and long term expected results.

### **3. PROJECT/PROGRAM IMPLEMENTATION**

- The dollar amount you are requesting.
- Duration of the project/program.
- Populations served by this project/program.
- Any other organizations cooperating in this effort.
- Any ongoing sources of funding that will be available at the end of the project/program period.

### **4. RULES AND ACCOUNTABILITY**

- Explain the methods for measuring the results of the project/program and evaluating its effectiveness.

### **5. ADDITIONAL ATTACHMENTS:**

- A Copy of your 501(c)(3) letter.
- A Copy of your most recent annual report or organization brochure.
- A Copy of your most recent annual audit.
- Your organization's 2017 operating budget.
- Current budget for the proposed project/program. Include a detailed income and expense budget for the project/program, breaking out items proposed for Foundation funding and other sources. Differentiate between cash and in-kind support.
- The names and addresses of all trustees and/or board members.

If you have any questions regarding completing the Grant Application, please call the Foundation office at 770-813-3380.