Please complete and submit this form to: admin@piedmontpraise.org. You may also attach any additional information that you feel may be relevant.

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| Date of Application: | | | | |
| Requesting Organization/Group/Individual’s  Name: | | | | |
| 501(c)(3): Yes / No | If yes, FIN #: | | Year Established: | |
| Fiscal Sponsor (if organization does not have its own 501(c)(3): | | | | |
| **Mission Statement of Organization/Group/Individual’s Program:** | | | | |
|  | | | | |
| **Contact Information** | | | | |
| Address: | | | | |
| City: | | State: | | Zip Code: |
| Website (if applicable): | | | | |
| Contact Person 1: | | Title/Position: | | |
| Phone #: | | Email: | | |
| Contact Person 2 (optional): | | Title/Position: | | |
| Phone #: | | Email: | | |

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| **Grant Funds Distribution** | |
| Organization/Activity Budget: $ | Grant Amount Requested: $ |
| Will this Grant Amount be Requested Annually? If yes, why? | |
| Location of Activity: | |
| Who will be served by this activity (include age groups, grade levels, and schools)?: | |
| **Please state the Goals and Objectives of the Activity/Activities to be Funded:** | |
| * Use bullet points please | |

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| **Will Grant Funds be used to** **purchase books and/or other supplies? If yes, please itemize below:** |
| * Use bullet points please |
| **Will Grant Funds be used to purchase tools and/or equipment? If yes, please itemize below:** |
| * Use bullet points please |

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| **Will Grant Funds be used to train teachers and/or other specialist? If yes, please outline the type of training and individuals to be trained below:** |
| * Use bullet points please |
| **Please list other items to be funded:** |
| * Use bullet points please |

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| **If possible, please give at least one example of past success using the tool, training etc. to be funded.** |
| * Use bullet points please |

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

Authorizing signature (Authorized Contact): Date: