

# 2018-19 Thanks Mom & Dad Fund Grant Application

INSTRUCTIONS: We strongly recommend that you read through the FAQs and guidelines on the website to see what documents and attachments you will need to prepare ahead of time.

NOTE: This form must be completed in one session, there is no option to save and resume your work. Because of this it works best when you have prepared your answers and attachments separately and can complete the application in one sitting.

**Name of Organization \***

**Mailing Address \***

Street Address

Address Line 2

City

State / Province / Region

United States

Postal / Zip Code

Country / Region

**Physical Address (if different)**

Street Address

Address Line 2

City

State / Province / Region

United States

Postal / Zip Code

Country / Region

**Organization Website**

**Name of Executive Director \***

First

Last

This is the person we will notify about grant awards

**Email of Executive Director \***

**Phone Number of Executive Director \***

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**Name of Person to Contact about this Proposal: \***

First

Last

**Phone \***

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**Email \***

**Name of Person to Contact About Reports \***

   
First Last

**Phone of Person to Contact for Reports \***

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**Email of Person to Contact About Reports \***

**Federal Employer Identification Number: \***

Also known as Tax ID Number (Do not include dash)

**Organizational Budget \***

**Amount Requested/Project Budget \***

**Mission Statement and History: \***

(Please be brief- 50 word limit)

**Board of Directors: \***

**Population Currently Served by the Organization: \***

Be sure to include diversity/race, gender, and age

categories (55-64, 64-84, 85+) and any other characteristics necessary to describe client base (50 word limit)

**If Different, Population you Propose to Serve With This Grant:**

(If your proposal includes a new demographic group, include same factors as above)

**Service Area: \***

Please indicate the service area proposed. Also include the AAA Region, County, and City where you are located (e.g. Middle Georgia AAA, Bibb County, City of Macon).

**Service Category: \***

Indicate the type of program you propose (For example, transportation, home delivered meals, respite care, Alzheimer's, Adult Day Care etc. 25 word limit)

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Proposal Narrative

Narrative is limited to 2 pages, 12 point font.

**Upload Proposal Narrative \***  no file selected

(Follow instructions above. Upload a MSWord Document or PDF only.)

**Budget: \***

no file selected

(Upload a simple budget for the grant funds. Be sure to include other funds necessary to complete project. Can be MS Word, pdf, or MS Excel format)

**Financial Statements \***

no file selected

Please upload your organization's most recent financial statements. An audit is not necessary. We will request

additional information if needed.

**Eligibility: \***

no file selected

501(c)3 Organizations: Upload Letter of Determination from the IRS.

PREVIEW