

Non-profit _____ Other (Please explain) _____ (check one)

The Saturday Club

GRANT APPLICATION FORM

Name of organization: _____

Application submitted by Name and Title: _____

Name of Executive Director (if different): _____

Name of Organization as shown on IRS 501(c)(3) letter: (If different, explain) _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Description of Organization, Program and Services:

Amount of funds being requested: _____

Has your organization previously applied to the Saturday Club of Wayne for consideration for funding? Yes _____ No _____

If yes, please indicate most recent year _____

Has your organization previously received funding or Community Service support from the Saturday Club of Wayne?

Yes _____ No _____

If yes, please indicate date(s) received: _____

Amount: _____ Use: _____

Purpose of funding requested/Statement of intended use: (please be specific)

Describe the relevance to the mission of the Saturday Club:

Describe the plan for evaluation or measurement of proposed project or program results:

List other sources of organizational and program support:

Any additional information that you feel would be helpful:

ADDITIONAL INFORMATION REQUIRED FOR EVALUATION OF GRANT REQUESTS:

- Documentation of Organization's IRS 501(c)(3) or 501 (c) (4) designation
- Most current Audited Financial Statements/Annual Report
- Current annual Operating Budget
- Separate Program Budget (itemization helpful)

PLEASE BE ADVISED THAT YOUR ORGANIZATION'S APPLICATION WILL BE REVIEWED DURING THE PERIODS OF: SEPT. 30th THROUGH OCT. 31st FOR NOVEMBER RECIPIENTS AND JAN.31st THROUGH FEBRUARY 28th FOR APRIL RECIPIENTS. APPLICANTS WILL BE CONTACTED DIRECTLY ABOUT THE DISPOSITION OF PROPOSALS AS DECISIONS ARE FINALIZED.