

UPLIFT OUR COMMUNITY

Application Date: _____

GENERAL

Name of Organization _____

Program Director _____

Address: _____

Office Phone/Fax: _____ Cell Phone: _____

Email Address: _____ Website: _____

Contact Name: _____

Contact Email: _____ Contact Phone: _____

ORGANIZATION

Are you a 501C3 Non Profit Organization? YES NO

When did you become a 501C3 Organization: Date: _____

What is your Federal ID #? ID#: _____

What Year was your organization established? Year: _____

Are you located in Shelby County? YES NO

What is your organization's TOTAL BUDGET? What percentage of that budget is Administrative vs

\$ _____ (Please attach a copy) Program: _____

What are your sources of funding? _____

For your Board, Staff and Volunteers, please provide the gender and racial composition. _____

Provide a brief summary of your organization including mission and program objectives. (Please attach)

What are the requirements to be a volunteer for your Organization? (Please attach)

PROGRAM

What is the name of your Program? _____

What is your Funding Request? _____

Attach a maximum 2 page description of the program that you want funded. Include an overview of the purpose and need and an implementation plan. Tell us how this program promotes economic self sufficiency, addresses the needs of your underserved clients, enables your recipients to reach their full potential and how you will measure the effectiveness and results of your proposal. (Please be specific in your responses).

Provide the demographics and ages of the participants who will be served. _____

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REFERENCES

Please provide 3 program references with phone number and email addresses.

Name	Number	Email
1.		
2.		
3.		

Signature: _____ Date: _____

Print Name: _____