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Jonathan Foundation

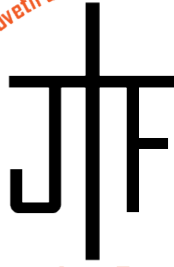


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"A Friend Loveth at All Times..."



The Jonathan Foundation
A Legacy of a Faithful Friend

P.O. Box 900 • Kannapolis, NC 28083

Community Grant Application

We are very pleased that you are applying for these community grant funds.

Organization/Agency Applying for Funding

Name of Organization or Agency:

Address:

City/State/Zip Code:

Phone:

Email:

Federal Tax ID Number:

Total amount requested (not to exceed \$3,500):

Name and Title of person that will administer the activity/program contract:

Information of Person Authorized to Sign Contract

Name/Title:

Authorizing Organization/Agency:

Address:

City/State/Zip:

Phone:

Email:

I confirm the information I have provide is true and accurate.

Signature: _____

Date: _____

"The Legacy of a Faithful Friend"

Project Name:

Briefly describe your organization:

- *type of organization*
- *size, structure*
- *areas and population served*
- *services your organization provides to children and/or families*

Provide detailed description of the project that requested funds will support.

- *Will this be a onetime event, ongoing, monthly, etc.?*
- *How many families/children do you think it will impact?*
- *Will you conduct this program/activity if you do not receive these funds?*

Who will be responsible for managing these dollars, and who will be reporting to The Jonathan Foundation regarding the use of these funds?

Please provide any additional information that you believe would be useful as we review your application?

Attach a line-item budget for the proposed project to your application submission. Please do not include your full agency or organizational budget.