

# *The Jonathan Foundation* *Community Grant Application*



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

- *Applications must be in the post office box by March 1st, 2019 by 5 pm*
- *You will be notified of selection results as soon as possible.*

## ***Organization/Agency Applying for Funding***

Name of Organization/Agency		
Address:		
City/State/Zip		
Phone:	Fax:	Email:
Type of Organization (Place an X in the appropriate space)	( ) Public ( ) Private, Not For Profit	
Federal Tax ID Number:		
Name/Title of person that will administer the activity/program contract		
Total Amount requested (not to exceed \$3,500)		

## ***Name of Person Authorized to Sign Contract***

Name/Title:		
Authorizing Organization/Agency:		
Address:		
City/State/Zip:		
Phone:	Fax:	Email:

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**Authorized Signature**

**Title**

**Date**

\_\_\_\_\_  
List the Name of Your Project

I. Briefly describe your organization (e.g., type of organization, size, structure, location, diversity) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Please describe the services your organization provides to children and/or families:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Please provide a detailed description of the project you would like to implement (are you aware of this activity being successfully implemented somewhere else?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Will this be a onetime event, ongoing, monthly, etc.?

\_\_\_\_\_  
\_\_\_\_\_

V. How many families/children do you think it will impact? \_\_\_\_\_

VI. What is the goal of the project? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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VII. Do you plan to continue this project after these funds are used? Will you conduct this program/activity if you do not receive these funds? Could you conduct the program with less money than you are requesting? \_\_\_\_\_

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

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

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X. Line item budget for the proposed project (*attach detailed project budget*).

***Please send completed application to:***

**The Jonathan Foundation  
P.O. Box 900  
Kannapolis, NC 28082-0900**

**\*\*Please direct Questions to Sonja Bohannon-Thacker 980-621-1051\*\***