

ATLANTA TRACK CLUB FOUNDATION, INC.
GRANT APPLICATION FORM

CONTACT INFORMATION

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Director of Organization: _____

Person directing program for which funds are being requested: _____

Phone: _____

Date of non-profit incorporation: _____ Federal Tax ID #: _____

ORGANIZATIONAL DESCRIPTION

What is the purpose of your organization?

DESCRIBE THE POPULATION THAT YOUR ORGANIZATION SERVES

How many people are members of your organization or are served by your programs?

How do people become members of your group?

Are there age, gender or other characteristics that all have in common?

Are your leaders volunteer or paid? How many of each?

DESCRIBE THE PROJECT YOU WILL UNDERTAKE WITH ATC FOUNDATION FUNDING

When will the project begin and end?

Who will the project serve?

What will you do exactly?

Describe any recent activities related to this request for funds.

BUDGETS

Attach a copy of your budget and expenditures for the past fiscal year. What were the sources of funds that you used in the past fiscal year?

Attach a budget showing how you will spend the ATC Foundation funds. Describe any other funds that will supplement ATC Foundation funds.

Return completed application and budget to:

Elizabeth Unislawski

ATCF. 3097 E. Shadowlawn Ave. Atlanta, GA 30305