

FOR OFFICIAL USE ONLY	
Date Received	
Grant No.	

APPLICATION FOR GRANT FUNDS

Date: _____

CONTACT INFORMATION:

Name of grant recipient: _____

Name of family: _____

Street Address: _____

City, State, Zip: _____

County: _____

Length at Address: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

HOUSEHOLD MEMBERS:

List all family members or other persons living in the household:

Names of persons in household	DOB	Social Security No.	Income

PURPOSE OF FUNDS REQUESTED:

In attachment please explain the purpose for which the funds are sought. The narrative should describe the project or program, its objectives, goals and benefit to the participant and the community. Detail expected results to be achieved from the project or program.

The narrative should be typed or neatly printed. The length should be at least one and no more than five pages.

AMOUNT OF FUNDS REQUESTED:

List the parties that funds will be paid to and the amounts:

Funds remitted to	Phone No.	Address	Amount

What date are the funds needed by? _____

What time period will the funds cover? _____

Are there other funds provided from other sources? Yes No

If yes, please list source(s) and amounts:

Funds received from	Phone No.	Address	Amount

Are there other funds provided from you, family members, or other household members? Yes No

If yes, please list these source(s) and amounts:

Funds received from	Phone No.	Address	Amount

PRIOR PROJECTS AND/OR PROGRAMS:

Please list any prior projects and/or programs in which the grant recipient has participated. Include the outcome achieved as a result of the project and/or program. Attach additional pages and/or documents as necessary.

Project/Program	Phone No.	Address	Results

SIGNATURE:

I, the undersigned, swear that all statements contained herein or attached hereto are true and factual. Furthermore, I understand that if any statements are not true and factual, the application may be rejected. I promise to cooperate with any efforts to verify the information provided.

Signature

Date

Print Name

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Approval Level	Signature	Date
Review Committee		
Executive		

DOCUMENT CHECKLIST

Attachments required are as follows:

- Birth certificate for all persons in the household
- Social security cards for all persons in the household
- Proof that applicant is a U.S. citizen or legal immigrant allowed to work in the United States, such proof can be:
 - Birth certificate
 - Certificate of citizenship
 - U.S. passport
 - Current green card
 - Naturalization certificate
 - Lawful permanent residence card
- Proof of Clayton County, Fayette County or Henry County residence for at least one (1) year prior to application, such proof can include:
 - Driver's license
 - Rent or utility statements
 - Lease agreement
 - Mortgage documents/statements
 - School records
- Proof that applicant is a caretaker of a minor dependent child living in the home or be the non-custodial guardian parent participating in the Georgia Fatherhood Program whose child is receiving TANIF. Such proof can include:
 - Birth certificate
 - U.S. passport
 - Adoption record
 - Court records
 - Medical records