COMMUNITY IMPACT GRANT PROGRAM
FOR NON-PROFITS IN ELBERTON

APPLICATION FORM FOR FY 2026

Date of Application _____ Federal Tax ID Number _____

Organization Name _____

Physical Address _____

Mailing Address _____

Contact Person _____ Title _____

Primary Phone # _____ Secondary Phone # _____

Email Address _____

Grant Amount Requested $_____
(Minimum $1,000 and maximum $7,500)

Type of Grant (check one):
See instructions for definitions

_____ Program Grant

_____ Operating Grant

Application Checklist: Provide all of the following items as an attachment to this application. Incomplete or missing information will result in the rejection of this application.

_____ An itemized budget for the Program Grant including all expenses and revenues for the program or, if an Operating Grant, an itemized budget for the organization for the year which shows all revenues and expenses for the organization.

_____ Documentation of current 501(c)3 or other tax exempt status. *(Or if application is pending, proof of application which must include a date when the application was filed with the Internal Revenue Service.)*

_____ IRS Form W-9

Narrative Questions: (You may include up to two additional sheets of paper to answer these questions if needed.)

1. Organization Background. Provide a brief description of your organization and its services.

2. How does your organization typically raise funds? What is the source of your revenues?

3. Description of program to be funded, or a description of services to be provided with grant funds.

4. Target beneficiaries including the number of persons served or benefitted if known.

5. Description of proposed outcomes. Provide details or metrics on determining what makes this grant a successful project.

6. Describe the timeline and schedule for implementation of the grant.

Acknowledgement: By signing this application below, the authorized official attests (1) that the information provided herein is true and accurate, (2) that the official has been authorized by the organization's Board of Directors to make this application for grant funds, (3) that the City of Elberton is authorized by the applicant to make all inquiries it deems necessary to verify the accuracy of the statements made herein, (4) that the official understands that grant recipients will be required to enter into a grant agreement prior to receiving funds which shall include a sworn attestation that the recipient will abide by the post-award requirements of the grant including that the grant proceeds will only be used for the expenses applied for in this application and that are eligible under applicable law, (5) that periodic reports will be required in the grant agreement, and (6) that this is a reimbursement-based grant which require receipts or other proof of expenses incurred which are subject to audit by the City or its representatives.

Signature of Authorized Official: _____ Date _____

Printed Name: _____

Notary Public, Elbert County, GA [NOTARY SEAL AFFIXED]

My Commission Expires:_____