

CITY OF ELBERTON

COMMUNITY IMPACT GRANT PROGRAM

APPLICATION FORM • FY 2027

For non-profit organizations operating and serving within the City of Elberton

Grant Request

Date of Application _____	Federal Tax ID Number _____
Organization Name _____	Contact Person / Title _____
Physical Address _____	Mailing Address _____
Primary Phone _____	Secondary Phone _____
Email Address _____	Amount Requested _____

Grant Type (select one): ☐ Program Grant ☐ Operating Grant Minimum request: \$1,000 | Maximum request: \$7,500

Application Checklist

All items below must be submitted with the application. Incomplete applications may be rejected and will not be scored.

- ☐ Itemized Program Grant budget showing all anticipated program expenses and revenues; OR itemized annual organizational budget showing all revenues and expenses for an Operating Grant.
- ☐ Current IRS 501(c)(3) or other eligible tax-exempt status documentation. If an application is pending, provide proof of the IRS filing and filing date.
- ☐ Completed IRS Form W-9.

Narrative & Community Impact

Please answer each question. You may attach up to two additional pages if needed.

1. Organization Background

Briefly describe your organization, its mission, and the services it provides in Elberton.

2. Funding & Financial Need

How does your organization typically raise funds? Describe your primary revenue sources and, if applicable, the financial need this grant would address.

3. Project / Program or Use of Funds

For a Program Grant, describe the specific program or project to be funded, including activities and how grant funds will be used. For an Operating Grant, describe the services and organizational expenses the grant will support.

4. Community Need & Target Beneficiaries

What measurable or demonstrable need in the City of Elberton will this grant address? Identify the target beneficiaries and estimate the number of people who will be served or benefit, if known.

5. Community Impact & Outcomes

What specific outcomes do you expect? Identify measurable goals, performance indicators, or other methods you will use to determine whether the grant was successful. Explain why this funding is important to achieving the proposed impact.

6. Timeline & Implementation

Provide the anticipated timeline and schedule for implementation, including major activities, milestones, and the expected completion date.

Acknowledgement & Certification

By signing this application, the authorized official attests that: (1) the information provided is true and accurate; (2) the official has been authorized by the organization's Board of Directors to submit this application; (3) the City of Elberton is authorized to make inquiries it deems necessary to verify the information provided; (4) the applicant understands that an executed grant agreement will be required before funds are released and will include post-award requirements, including use of funds only for eligible expenses and the purposes approved; (5) required reports and documentation must be submitted as stated in the grant agreement; and (6) this is a reimbursement-based grant, requiring receipts, invoices, or other proof of eligible expenses, which may be subject to audit by the City or its representatives.

Signature of Authorized Official _____	Date _____
Printed Name / Title _____	Organization _____
Notary Public, Elbert County, GA _____ Notary Seal	My Commission Expires _____

Submission: Applications should be submitted to the Community Development Director of the City of Elberton by the published FY 2027 deadline. Electronic submissions by email are acceptable at kwinn@cityofelberton.net