



ATLANTA BETTERMENT GRANT APPLICATION

~ Due by or before March 20, 2017 ~

Name of Organization/Group: _____

Date: _____

Contact Person Information:

Name: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Is the group recognized by the IRS as a qualified charity-501(c)(3)? _____ Yes _____ No

Summary of Proposed Project: (Use additional paper if necessary)

Describe how your project will benefit Atlanta now and in the future:

Estimated Total Cost of the Project: _____

Amount of funding you are requesting: _____

Will your organization/group match the funds received through the Atlanta Betterment Grant Program?

_____ Yes _____ No

Will your organization/group receive funding for this project from any other source? _____ Yes _____ No

If "Yes", from what source: _____ In what amount: _____

Can your project be done even if the full grant amount you requested is not provided? _____ Yes _____ No

Estimated start date: _____ Estimated completion date: _____

Signature _____

Please return application to:

The Atlanta Betterment Fund
Post Office Box 166
Atlanta, Illinois 61723