

POWERSURGE 100 GRANT APPLICATION

Applicants may find this grant application on our web site at www.powersurge100.org and should mail it

to: **PowerSurge 100**
82 Plantation Pointe Rd. #288
Fairhope, Alabama 36532

The application must be postmarked by September 14 Applications postmarked after the deadline will not be considered.

SECTION ONE

ORGANIZATION DATA

Applicant Organization Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Website: _____
Tax Exempt ID Number (EIN): _____
Executive Director: _____ Phone: _____ Cell: _____

FOCUS AREA FOR YOUR APPLICATION (select one)

<input type="checkbox"/> Family	<input type="checkbox"/> Christian Education	<input type="checkbox"/> Social Ministries
<input type="checkbox"/> Women's Ministries	<input type="checkbox"/> Sports	<input type="checkbox"/> Media

PROJECT DATA:

Project Title: _____
Total Budget for This Project: _____
Amount of This Request: \$ _____
Project Contact Person's Name: _____ Phone: _____

Chairman of Board of Directors: _____

Phone: _____

Email: _____

CERTIFICATION:

Our organization and its Board of Directors authorize submission of this grant proposal. Our tax exempt status under IRS section 501 (c) (3) has not been revoked or modified. We understand that if selected to receive funding, we must furnish a report showing how funds were spent and that the funds were spent solely for the purpose for which the grant is sought.

Signature of Board President

Date

SECTION TWO

**PROFILE OF ORGANIZATION
(no more than 1 page)**

1. Brief summary of organization's history
2. Brief organization mission statement
3. Brief description of current programs
4. Brief description of organization's constituency and geographic region

SECTION THREE

PROJECT INFORMATION (no more than 2 pages)

1. Brief summary of project including start and end date.
2. What do you expect to accomplish with your project?
3. Describe the timetable for implementing your project.
4. If your project is a collaborative effort, please describe the collaboration and list all partners.
5. Why is your organization qualified to address this need or benefit?

SECTION FOUR

EVALUATION (no more than 2 pages)

1. How will success of your project be measured?
2. How will the evaluation be conducted?
3. If this is an existing program/project, please summarize past quantitative and qualitative outcomes.

SECTION FIVE

REQUIRED FINANCIAL/ORGANIZATION ATTACHMENTS

1. Project budget for your entire project (see attached sample form)
2. IRS 501 (c) (3) letter of determination of non-profit status.
3. One of the following:
 - a. Annual Report
 - b. Organizational Brochure
 - c. Sample Newsletter

SAMPLE PROJECT BUDGET

Name of Project: _____

Time Period: (eg. 12 months, no more than 24 months) _____

Additional funding from other sources for your project _____

Expenses for Your Project:

Personnel _____

Employees Benefits _____

Equipment, Supplies, Materials _____

Postage, Mailing _____

Training, Staff Development _____

Other (please be specific) _____

Applicants will be notified by telephone if they are one of five finalists and given further instructions.