



THE CLOTHES LESS TRAVELED THRIFT SHOP, INC.
Mailing Address: PO Box 3434, Peachtree City, GA 30269

ANNUAL GRANT APPLICATION

Revised Dec 2015

A. Organization Information

1. Organization Name _____
2. Federal EIN _____ website _____
3. Address _____
4. City, State, Zip _____
5. Point of Contact _____ Title _____
*who will receive future official CLT correspondence if approved
6. Email _____ phone _____
7. Person Completing App _____ phone _____

CLT Grants are available as Annual Support Grants and Semi-Annual Project Grants. This application is for Annual Support Grants ONLY. The postmark deadline for Annual Grants is February 1. Annual Grant Requests are considered ONLY in February and must be resubmitted each year. Annual Grant recipients will receive quarterly payments toward their Grant Award. Annual Grant Recipients MAY NOT apply for additional Semi-Annual Project Grants during any calendar year in which they are receiving annual support, unless it is an emergency request for funding. Applications will only be accepted from 501(c)3 organizations LOCATED IN AND SERVING South Metro Atlanta counties including Fayette, Coweta, Clayton and Spalding and the South Fulton cities of College Park, East Point, Fairburn, Hapeville, Palmetto and Union City. Additional inquiries regarding CLT Grant Applications may be directed to cltgrants@gmail.com

Mail complete application package to the mailing address above, postmarked no later than February 1st. You must include ALL of the following for consideration:

- One (1) copy of your organization's 501(c)3 tax-exempt status letter from IRS.
- One (1) copy of organization's current Board of Directors listing current personal address and phone numbers for contact as deemed necessary by CLT.
- One (1) copy of pages 1, 2, 7-12 of your most recent filing of IRS Form 990 as well as One (1) copy of 990 - Schedule A, including attachments. NOTE- If the IRS Form 990 is not from the most recent year, you must include a detailed explanation.
- Two (2) copies of organization's most recent Annual Financial Report (If you are part of a State, Regional or National organization, include detailed financial report for your LOCAL OPERATION ONLY)
- Two (2) copies of your Projected Annual Budget
- Three (3) copies of this completed Application form, one with original signatures

B. Organization Funding

1. Funding Sources:	<u>% of Annual Income*</u>	<u>List</u>
- Individual Donors	_____	_____
- Corporate Donors	_____	_____
- Grants (including CLT)	_____	_____
- Organizations (other than govt.)	_____	_____
- Government Agencies (Medicare, Medicaid, State, County, etc.)	_____	_____
-Other	_____	_____

*Must total 100%

C. Organization

1. Number of full-time personnel _____

Please list 3 highest paid positions in your organization with corresponding annual salary:

2. Number of part-time personnel _____

3. Number of volunteers _____

4. List of Counties Served _____

5. Explain your organization- including mission statement, organizational structure, significant achievements, areas of greatest need and examples of annual programming. You may enter "See attached". _____

6. Explain how you measure the success of your services and/or mission. _____

ANNUAL GRANT AMOUNT REQUESTED: \$ _____

D. Annual Support

Explain in full detail exactly what CLT Grant funds will be used for:

- General Operations Y / N \$ _____

- Administrative Costs Y / N \$ _____

- Specific Program Y / N \$ _____

- Other (Please explain) Y / N \$ _____

E. TOTAL BUDGET- must be completed

Total Annual Expenses:

1. Personnel \$ _____

2. Program Services \$ _____

3. Space/ Rental \$ _____

4. Marketing/
Fundraising \$ _____

5. Administrative \$ _____

6. Other \$ _____

Explain Other: _____

**TOTAL
ANNUAL EXPENSES: \$ _____**

Total Annual Income:

1. Individual Donors \$ _____

2. Fees/Revenue \$ _____

3. Corporate Support \$ _____

4. Government Support \$ _____

5. Grants \$ _____

6. Other Revenue \$ _____

Explain Other: _____

**TOTAL
ANNUAL INCOME: \$ _____**

