



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

SEMI-ANNUAL GRANT APPLICATION

Revised Feb 2016

A. Organization Information

1. Organization Name _____
2. Federal EIN _____ website _____
3. Address _____
4. City, State, Zip _____
5. Point of Contact Name _____ 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 Semi-Annual Project Grants ONLY. Semi-Annual Grants are one-time awards for specific needs. Applications are accepted twice per year. **Postmark deadlines for Semi-Annual Grant Applications are March 1 and September 1.** Organizations may apply for one or both cycles unless already awarded an Annual Grant during the same calendar year. Applications are only 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 application package to the mailing address above, postmarked no later than the date specified for the appropriate cycle. **You must include ALL of the following items for grant consideration.**

- One (1) copy of your organization's 501(c)3 tax-exempt status letter from IRS
- One (1) copy of your 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 IRS Form 990 is not from the most recent year, **you must attach a letter of detailed explanation why.**
- **Two (2) copies of your most recent Annual Financial Report** (If part of a State, Regional or National organization, provide detailed financial report for your LOCAL OPERATION ONLY.)
- **Two (2) copies of Detailed Project Description with an Itemized Project Budget including all anticipated Income and Expenses. Include estimates for contracted work or purchase.**
- **Three (3) copies of this completed application form, one with original signatures**

B. Organization Funding

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 their corresponding annual salary.

2. Number of part-time personnel _____

3. Number of volunteers _____

4. List ALL Counties Served _____

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

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

PROJECT GRANT AMOUNT REQUESTED: \$ _____

D. PROJECT DESCRIPTION

- 1. Attach a detailed description of your project including income and itemized expenses. Please provide at least 2 estimates for licensed contracting services or purchases totaling over \$5,000.
- 2. Attach a detailed description of who will benefit from this project and how they are qualified.

3. Will you collaborate with other organizations on this project? _____ If yes, provide names of all organizations. You may enter "See attached" if necessary.

Name: _____

Address: _____

Website: _____

4. What do you expect will be the total cost of this project? \$ _____

E. TOTAL PROJECT BUDGET – must be completed

Total Project Expenses:

- 1. Personnel \$ _____
- 2. Program Services \$ _____
- 3. Materials \$ _____
- 4. Grant Writing Fees \$ _____
- 5. Administrative \$ _____
- 6. Other Expenses \$ _____

Explain Other: _____

Total Project Funding:

- 1. Individual Donors \$ _____
- 2. Fees/Revenue \$ _____
- 3. Corporate Support \$ _____
- 4. Government Support \$ _____
- 5. Other Grants \$ _____
- 6. Other Revenue \$ _____

Explain Other: _____

TOTAL PROJECT EXPENSES: \$ _____

TOTAL PROJECT FUNDING: \$ _____

F. ATTENTION – FOR LOCAL CHAPTERS OF NATIONAL ORGANIZATIONS

If your organization is the Local Chapter of a National Organization, please attach all required information for your Local Chapter, including the year your Chapter was founded and Local Chapter Articles of Incorporation.

**Sign and mail with ALL required attachments to: Attn: Grant Coordinator,
Clothes Less Traveled Thrift Shop Inc., PO Box 3434, Peachtree City, GA 30269
NOTE: Incomplete, hand-delivered or late applications will not be considered.**

* I certify, to the best of my knowledge, that the information contained in this application is correct.

1. _____
Signature of Person Preparing Application Date

(Printed Name) Title

* I certify, to the best of my knowledge, that the information contained in this application is correct.

2. _____
Signature of Board Chairman, President of Organization Date

(Printed Name) Title