



**THE CLOTHES LESS TRAVELED THRIFT SHOP, INC.**  
 459 Hwy. 74 S., PEACHTREE CITY, GA 30269 770-486-8517  
 Mailing Address: PO Box 3434, Peachtree City, GA 30269

**CLOTHES LESS TRAVELED GRANT APPLICATION**

**A. Applicant**

1. Applicant \_\_\_\_\_
2. Address \_\_\_\_\_
3. City, State, Zip Code \_\_\_\_\_
4. Phone Number \_\_\_\_\_ Email \_\_\_\_\_
5. Contact Person \_\_\_\_\_ Title: \_\_\_\_\_
6. Contact Person's Phone Number \_\_\_\_\_ Email \_\_\_\_\_
7. Website Address \_\_\_\_\_

**CLT Grants are available in 2 separate requests: Annual Support Grants and Quarterly Grants.**

**Annual Support Grant Requests** are ONLY considered in January. Annual Grant Awardees will receive quarterly payments toward their Annual Grant Award. The application deadline for Annual Requests is January 2. (NOTE: Requests for annual funding must be resubmitted each year.) Annual Support Awardees may NOT apply for separate Quarterly Grants during any calendar year for which they are receiving annual support, unless it is an emergency request for funding.

**Quarterly Grant Requests** are considered throughout the year. Quarterly Grants are one-time awards for specific needs. There is no limit to the number of Quarterly requests for which an organization may apply. Application deadlines are March 2<sup>nd</sup>, June 2<sup>nd</sup>, September 2<sup>nd</sup>, and December 2<sup>nd</sup>.

**Applications will only be accepted from 501(c)3 organizations serving South Metro Atlanta Counties, including: Fayette, Coweta, South Fulton, Clayton, Henry, and Spalding.**

**Any questions regarding Grant Applications may be directed to: [kstephens@clotheslesstraveled.org](mailto:kstephens@clotheslesstraveled.org)**

**Each Grant Application must include:**

- **Copy of your organization's 501( c)3 tax-exempt status letter from IRS or letter on stationery of government entity stating organization provides service to public.**
- **Copy of organization's current Board of Directors and Committee Members with addresses and phone numbers.**
- **Copy of organization's last Annual Financial Report and IRS Form 990 with attachments.**

**Submit three (3) copies of Grant Application, one with original signatures, to:**  
 Clothes Less Traveled, P. O. Box 3434, Peachtree City, GA 30269

## B. Funding

1. Type of funding requested: \_\_\_\_\_ Specific project \_\_\_\_\_ Annual support

**Requests for Annual Support – Fill out Pages 1, 2, 3, 5**

**Requests for Specific Project – Fill out Pages 1, 2, 4, 5**

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

## C. Organization

1. Number of full-time personnel \_\_\_\_\_

Please list 3 highest paid positions in your organization and the corresponding annual salaries: \_\_\_\_\_

2. Number of part-time personnel \_\_\_\_\_

3. Number of volunteers \_\_\_\_\_

4. List of Counties Served \_\_\_\_\_

5. Briefly explain your organization. You may enter "See attached" and include a mission statement, organizational structure, and examples of your annual programming.

(Include significant achievements and areas of greatest need.)

---

---

---

---

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

---

---

---

---

---

**COMPLETE THIS PAGE IF THIS REQUEST IS FOR ANNUAL FUNDING:**

**D. Annual Support:**

**TOTAL ANNUAL AMOUNT REQUESTED:** \_\_\_\_\_

1. Explain what these funds will be used for:

- General Operations Y / N \_\_\_\_\_  
\_\_\_\_\_

- Administrative Costs Y / N \_\_\_\_\_  
\_\_\_\_\_

- Specific Program Y / N \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other (Please explain) Y / N \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Budget**

**Monthly Expenses:**

1. Personnel \$ \_\_\_\_\_

2. Fees/ Services \$ \_\_\_\_\_

3. Space/ Rental \$ \_\_\_\_\_

4. Marketing/  
Fundraising \$ \_\_\_\_\_

5. Operating Expense \$ \_\_\_\_\_

6. Other \$ \_\_\_\_\_

Explain other: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL  
MONTHLY EXPENSES: \$ \_\_\_\_\_**

**Monthly Income:**

1. Individual Donors \$ \_\_\_\_\_

2. Fees/Revenue \$ \_\_\_\_\_

3. Corporate Support \$ \_\_\_\_\_

4. Government Support \$ \_\_\_\_\_

5. Other Grants \$ \_\_\_\_\_

6. Other Revenue \$ \_\_\_\_\_

Explain Other: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL  
MONTHLY INCOME: \$ \_\_\_\_\_**

**COMPLETE THIS PAGE IF THIS REQUEST IS FOR A QUARTERLY GRANT:**

**TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_**

**D. Project Description:**

1. Briefly describe the special project to which funds will be applied:

2. Who will benefit from this project:

3. Do you collaborate with other organizations of this project:

4. How much do you anticipate this project will cost: \$ \_\_\_\_\_

**E. PROJECT BUDGET:**

**PROJECT EXPENSES:**

1. Personnel \$ \_\_\_\_\_

2. Fees/ Services \$ \_\_\_\_\_

3. Materials \$ \_\_\_\_\_

4. Grant Writing Fees \$ \_\_\_\_\_

List any other expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL PROJECT EXPENSES: \$ \_\_\_\_\_**

**PROJECT FUNDING:**

1. Individual Donors \$ \_\_\_\_\_

2. Fees/Revenue \$ \_\_\_\_\_

3. Corporate Support \$ \_\_\_\_\_

4. Government Support \$ \_\_\_\_\_

5. Other Grants \$ \_\_\_\_\_

List other Grants applied for: \_\_\_\_\_

\_\_\_\_\_

**TOTAL PROJECT FUNDING: \$ \_\_\_\_\_**

