GOOD NEIGHBORS SHOPPE GRANT APPLICATION

Purpose: For non-profit organizations to apply for a Good Neighbors Shoppe grant. To be considered, organizations must be physically located in and/or benefiting Loudon County, TN.

Legal name of organization (DBA)_____

Address_____

E-mail_____ Phone_____ EIN_____

Contact person_____ Title_____

Contact person's phone number and e-mail (if different from organization's):

E-mail_____ Phone_____

Is organization a 501(c)(3) Y_____ N_____ Date of incorporation_____

Number of paid employees: Full-time_____ Part-time_____ Number of volunteers_____

Number of clients served annually_____ Adults_____ Children_____

Mission statement or significant activities of organization

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Organization's total budget_____ for Fiscal Year ending_____

Percentage of your organization's income used for your organization's mission _____%

Percentage of grant funds that would remain in Loudon County _____%

Date of request_____ Amount of request_____

Calendar year funds will be used _____ Will funds support? Adults ____ Children_____

Specific purpose of request (attach additional sheets as needed)_____

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Other sources of funding for this project/program (attach additional sheets as needed)

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Is this a: One time request? _____ Recurring request?_____ Not sure_____

PLEASE MAIL OR DROP OFF THIS APPLICATION TO:
Good Neighbors Shoppe, Attn: Treasurer
420 Leeper Parkway, Lenoir City, TN 37772
(865) 988-9925

INCLUDE: A copy of your 501(c)(3) Tax Exemption letter
A list of your Officers and/or Board of Directors

CERTIFICATION: I certify that the information supplied on this application is true to the best of my knowledge:

Signed_____ Title_____ Date_____

APPLICATIONS MUST BE SUBMITTED NO LATER THAN DECEMBER 31, 2024