THE 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 _____

Contact Person_____ Title_____

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

E-mail_____ Phone_____

Is organization a 501(c)(3)? ☐Yes ☐No 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 _____ Who 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:

The 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 31ST OF CURRENT YEAR.