CCF Crant Application 2021

Cresswind LL community fund

grants@cwcfund.org

# Grant Application

**The Cresswind LL Community Fund is a 501(c)3 nonprofit organization committed to**

**our mission of enhancing the lives of adults, primarily 55 and older, through charitable,**

**educational and cultural opportunities in the greater Gainesville area and Hall County.**

The work of the Fund extends beyond grantmaking. Members also invest time and talent as volunteers to support the success and effectiveness of recipients and organizations in the community.

Please complete this application and submit with no more than 4 pages total to show background, need, project description, goals and objectives, financial information where applicable, timeline, evaluation or measure of success and how the request aligns with our mission above.

All awardees must send a summary detailing use of funds quarterly and at completion.

Contact name (Mr/Mrs/Ms): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: Zip:\_\_\_\_\_\_\_\_\_\_\_

Email (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount requested:** \_\_\_\_\_\_\_\_\_\_\_\_ Project**/Request Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposal summary (please use space provided)**

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**Estimated number of people served by this grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When will project begin** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer support requested** \_\_\_\_\_\_\_ If yes, describe (one time or ongoing, number of volunteers, training required and/or provided)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposal Checklist:**

**\_\_\_\_** Application Form

\_\_\_\_ Background

\_\_\_\_ Need

\_\_\_\_ Project Description

\_\_\_\_ Goals and Objectives

\_\_\_\_ Financial Information (detailed for project, brief about organization requesting funds)

\_\_\_\_ Timeline

\_\_\_\_ Evaluation or measure of success

\_\_\_\_ Manner in which project aligns with Cresswind LL Community Fund Mission

Please limit your response to the application form plus no more than four pages.

Mail your proposal to:

Grant Review Committee

Cresswind LL Community Fund

3300 Cresswind Marina Drive SW

Gainesville, GA 30504