

Grant name _____

Grant number _____

Altrusa Club of Northeastern Connecticut Foundation, Inc
, Susan Ulino 135 Whites Hill Road, Coventry, CT 06238
"Leaders in Service"
District One

Grants are given primarily to community based non-profit organizations through out northeastern Connecticut.

Guidelines for Submission:

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1. Grants will be made on an annual basis, generally in a lump sum; however, the Board reserves the option of paying grants over a two-year period.
2. Grants will be available to non-profit agencies primarily in Northeastern Connecticut, the area served by the Foundation. Please attach 501c3 certificate if applicable.
3. Grant funds must be used only for the purpose granted. Any funds not expended as proposed must be returned to the Foundation.
4. Grants are limited to tax exempt nonprofit organizations.

Name of Organization/Applicant : _____

Address: _____

Phone: _____

Preparer's
Name & Title (if applicable)

Amount Requested: _____

Period of time in which grant is to be used:

Starting Date: _____ To _____

Specific purpose for which the grant will be used (Attach separate sheet if necessary):

GRANT SUBMISSION FORM

Grant name _____

Grant number _____

2

Anticipated benefits (include the number of persons benefiting and the area served, when applicable):

If applicable, what evidence is there of community support for this project:

Describe the project evaluation process:

What are your organization's specific plans for future funding of this project:

At the completion of the grant period, the grantee must provide project accounting that includes:

- A statement for all funding, receipts for items and equipment purchased, and uses for the project
- An evaluation of the impact of the project (including the number of people benefited)
- Financial statements for the full program/project

These documents must be received by the Foundation within 60 days

of the grant program/project completion. Any funds not expended for the express purpose granted must be returned to the local foundation.

Name and Title

Signature_____

Date_____

**For Altrusa Club of Northeastern Connecticut Foundation, Inc. Use
Only**

Request received on _____

Request number _____

Type or Grant: ____ Non-profit Request ____ Emergency Request
____ President's Fund Request

Altrusa member sponsor _____

Criteria :

_____ Consistent with the goals of Altrusa

_____ Balance among types of organizations served

_____Funding available

Recommendation of Service
Committee_____

Disposition of Foundation:
Yes_____ No _____ Date_____

Disposition of Membership:
Yes_____ No _____ Date_____

Approved Amount

Discussion

Request for funding forwarded to the treasurer on

Check payable
to_____

Check forwarded to the organization on_____

Check Number_____

Check Amount_____

Altrusa Grant Form
: revised 5/02

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