

GRANT APPLICATION COVER SHEET
GREENWAYS FOUNDATION, INC.

Date: _____

Project Name: _____

Project Location: _____

County: _____, Indiana

Nearest City or Town: _____

Grant Amount Requested: \$_____

Total Cost of Project: \$_____

Other funding sources approached/anticipated and amount:

_____ \$_____

_____ \$_____

Applicant Organization: _____

Address: _____

Phone: (____)_____ Fax: (____)_____ Email: _____

We agree to provide progress reports via email every 60 days after award of a grant and a detailed evaluation (not to exceed two pages) within 60 days after project completion. The project completion report shall include an accounting of the funds received, number of participants and/or volunteer hours expended, measurement of proposed objective results, plans for maintenance and/or monitoring of the project and suggestions for the future related projects.

Signature of authorized official: _____

Contact Person: _____

Address: _____

Phone: (____)_____ Fax: (____)_____ Email: _____

Signature of contact person: _____

GREENWAYS FOUNDATION, INC.

Grant Application Part 2 of 2, Page 1 - Income Statement

Charitable Organization Name: _____

Year Organization was Founded: _____

FINANCIAL HISTORY

For Fiscal Year Ending (Month/Year): _____

Revenues

Contributions	
Individual	<input type="text"/>
Corporate/Foundation	<input type="text"/>
Government grants	<input type="text"/>
Program generated	<input type="text"/>
Other (please specify)	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

TOTAL REVENUES

Expenses

Program	<input type="text"/>
Administration	<input type="text"/>
Fundraising	<input type="text"/>
Other (please specify)	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

TOTAL EXPENSES

NET DIFFERENCE

GREENWAYS FOUNDATION, INC.

Grant Application Part 2 of 2, Page 2 - Balance Sheet

CHARITABLE ORGANIZATION NAME: _____

YEAR ORGANIZATION WAS FOUNDED: _____

BALANCE SHEET

FOR FISCAL YEAR ENDING (Month/Year) _____ / _____

Assets

Cash	<input type="text"/>
Securities	<input type="text"/>
Accounts receivable	<input type="text"/>
Contributions receivable	<input type="text"/>
Property/Equipment	<input type="text"/>
Other (please specify)	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

TOTAL ASSETS

Liabilities

Current	<input type="text"/>
Long-term	<input type="text"/>
TOTAL LIABILITIES	<input type="text"/>

Net Assets

Restricted	<input type="text"/>
Unrestricted	<input type="text"/>
TOTAL NET ASSETS	<input type="text"/>

TOTAL LIABILITIES + NET ASSETS

*Note - For your balance sheet to "balance", TOTAL LIABILITIES + NET ASSETS = TOTAL ASSETS

