



Date Received by CLT: _____

CLOTHES LESS TRAVELED GRANT APPLICATION

A. Organization Information

- 1. Organization Name _____
- 2. EIN Number: _____
- 3. Address _____
- 4. City, State, Zip Code _____
- 5. Phone Number _____ Email _____
- 6. Website Address _____
- 7. Person Completing App _____ Title _____
- 8. Contact Person's Phone Number _____ Email _____

CLT Grants are available in 2 separate requests: Annual Support Grants and Semi-Annual Grants

Annual Support Grant Requests are ONLY considered in January. Annual Grant Awardees will receive quarterly payments toward their Annual Grant Award. The application deadline for Annual Requests is January 16. (NOTE: Requests for annual funding must be resubmitted each year.) *Annual Support Awardees may NOT apply for separate Semi-Annual Grants during any calendar year for which they are receiving annual support, unless it is an emergency request for funding.*

Semi-Annual Grant Requests are considered twice per year. Semi-Annual Grants are one-time awards for *specific needs*. Semi-Annual Grants may be requested each cycle. Application deadlines are February 2nd and July 2nd.

Applications will only be accepted from 501(c)3 organizations serving South Metro Atlanta Counties, including: Fayette, Coweta, Clayton, Henry, Spalding and the South Fulton cities of College Park, East Point, Fairburn, Hapeville and Union City. Any questions regarding Grant Applications may be directed to: karenannstephens@yahoo.com

Each Grant Application must include the following to be considered:

- Copy of your organization's 501(c)3 tax-exempt status letter from IRS or letter on stationery of government entity stating organization provides service to public.
- Copy of organization's current Board of Directors and Committee Members with addresses and phone numbers.
- Copy of organization's last Annual Financial Report and IRS Form 990 with attachments.

Submit three (3) copies of Grant Application, one with original signatures, to: Clothes Less Traveled, P. O. Box 3434, Peachtree City, GA 30269. No Hand-Delivered Applications.

COMPLETE THIS PAGE IF THIS REQUEST IS FOR ANNUAL FUNDING

D. Annual Support:

TOTAL ANNUAL AMOUNT REQUESTED: _____

1. Explain what these funds will be used for:

- General Operations Y / N _____

- Administrative Costs Y / N _____

- Specific Program Y / N _____

- Other (Please explain) Y / N _____

E. Budget

Monthly Expenses:

1. Personnel \$ _____

2. Fees/ Services \$ _____

3. Space/ Rental \$ _____

4. Marketing/ Fundraising \$ _____

5. Operating Expense \$ _____

6. Other \$ _____

Explain other _____

TOTAL MONTHLY EXPENSES: \$ _____

Monthly Income:

1. Individual Donors \$ _____

2. Fees/Revenue \$ _____

3. Corporate Support \$ _____

4. Government Support \$ _____

5. Other Grants \$ _____

6. Other Revenue \$ _____

Explain Other _____

TOTAL MONTHLY INCOME: \$ _____

COMPLETE THIS PAGE IF THIS REQUEST IS FOR A SEMI-ANNUAL GRANT

TOTAL AMOUNT REQUESTED: \$ _____

D. Project Description:

1. Briefly describe the special project to which funds will be applied:

2. Who will benefit from this project:

3. Do you collaborate with other organizations on this project: Y / N

If Yes:

Name of Organization(s): _____

Org. Address: _____

Org. Website: _____

4. How much do you anticipate this project will cost: \$ _____

E. PROJECT BUDGET:

PROJECT EXPENSES:

1. Personnel \$ _____

2. Fees/ Services \$ _____
\$ _____

3. Materials \$ _____

4. Grant Writing Fees \$ _____

List any other expenses: _____

TOTAL PROJECT EXPENSES: \$ _____

PROJECT FUNDING:

1. Individual Donors \$ _____

2. Fees/Revenue

3. Corporate Support \$ _____

4. Government Support \$ _____

5. Other Grants \$ _____

List other Grants applied for _____

TOTAL PROJECT FUNDING: \$ _____

