



**Project G.I.F.T. of Teen Leadership Troy
(Grants Investing in the Future of Troy)**

Organization Name _____

Address _____

Contact Person/Project Leaders _____

Title _____ Telephone _____

Email _____

Is your organization recognized as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code?

Yes _____ Federal ID# _____ Please attach a copy of your organizations IRS Determination Letter to the application. If no, please explain on separate sheet.

Date organization established _____

Project Title _____

Amount Requested _____ Total project budget _____

Other sources contacted for support for this project and the amount, if applicable:

Date

Signature of Chief Executive Officer/Authorized Official

Submit completed application and accompanying materials to:

Project G.I.F.T. of Teen Leadership Troy
c/o The Troy Foundation
216 W. Franklin Street
Troy, OH 45373
(937) 339-8935
www.thetroyfoundation.org

Please answer the following questions on a separate sheet of paper and attach to the application:

PROGRAM DESCRIPTION

Describe the purpose of the project, the way in which it will be carried out, how often it will be provided, how many people will be served, and the location where the program is to be provided.

APPLICANT ORGANIZATION

Briefly describe the history of the application organization: when it was founded, where it is located, whom it serves, and the number of members.

PROJECT TEAM

Please list the number of persons involved in planning the program. Please indicate those who are under 21 and give their ages. List the number and responsibilities of paid staff, if any, and volunteers who will be involved in the project; list any other organizations that will assist in the project.

EVALUATION

Please describe how you will determine whether you accomplished your purpose. Please note that if a grant is awarded, it will be necessary to submit a final report to Teen Leadership upon completion of the grant period.

FUNDING PLANS

Will this program continue in the future? If so, how will it be funded?

PROJECT BUDGET

Please present a detailed estimate of project costs. If project costs exceed your grant request, indicate the sources(s) of other funds.

ADDITIONAL MATERIALS TO SUBMIT WITH APPLICATION

If a not-for-profit organization:

1. Copy of Internal Revenue Service tax-exemption letter
2. List of members of the organization's governing board.
3. Copy of budget for the project as stated previously in application

If a student organization:

1. Copy of organization's constitution, bylaws, rules of procedure, or other proof of organizational structure.
2. List of officers of the organization and the frequency of meetings.
3. Statement of organization's current financial balance signed by an officer.

VOLUNTEER OPPORTUNITIES FOR THE TEEN LEADERSHIP TROY CLASS:

Over the past several years, many classes of Teen Leadership Troy have asked if there were additional opportunities to volunteer as a group for non-profit organizations, outside of the Teen Leadership curriculum. If your organization has an opportunity for the entire class, or a portion of the class, to volunteer at your organization, please attach a brief description of the project below. Please include in your description, how much time the project will take, how many volunteers are needed for the project, and if there is a specific time frame for the project to be completed.