

Grant Application



Name of Group		Date	
Name of Presenter		Position	
Phone #		Cell #	
Tax ID #		Years in existence	
Email & Website			
Mailing Address			

Mission of your Group					
Amount Requesting		Total Funds Needed for Project		Operating Budget for the Organization	
What will the Thrift Shop funds be used for?					
# of People Served by this project					

Have you received Thrift Shop funds previously?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, indicate date, and the amount of the previous 5 years.	
Dates	Amounts

Are there other groups in the valley providing similar services?
Other Sources of funding? Amounts?

Is the current Board of Directors Attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the required Donation Report Form from your last grant attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**All new applicants attach copy of 501 [3] Ruling.
 All school related projects please attach administrator's acknowledgement and approval.
 You may attach additional information if relevant.**

Return Application to
e-mail: grants@aspenthriftshop.org Fax #: 1-888-583-8315
Questions: e-mail: grants@aspenthriftshop.org



Donation Report Form

We no longer accept grant applications without a completed response form.

Organization (include name, phone, email, & website)

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Amount Received

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Use of Funds

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Explanation/ Evaluation of Success of Project

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Date	
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School Administrator Support Form
Only required for school related projects

Name of Group/Applicant	
Purpose of Grant	
Name of school/s involved	
Number of students served by project	
Name of Administrator	
Administrator phone #	
Administrator email	
Administrator's signature of approval. Please add comments as to the value of the project to your School.	

THIS EXACT FORM MUST ACCOMPANY ANY REQUEST FOR A SCHOOL-RELATED PROJECT OR YOU WILL NOT BE CONSIDERED.