

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"/>
--	------------	--------------------------	-----------	--------------------------

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@aspenhriftshop.org Fax #: 1-888-583-8315
Questions: e-mail: grants@aspenhriftshop.org

THIS EXACT FORM MUST ACCOMPANY YOUR REQUEST OR YOU WILL NOT BE CONSIDERED.



Donation Report Form

We no longer accept grant applications without a completed response form. This must be received at least one month prior to your future grant application in order to be considered for a grant.

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

Amount Received

Use of Funds

Explanation/ Evaluation of Success of Project

Return Application to

e-mail: grants@aspenthriftshop.org | Fax #: 1-888-583-8315

Questions: e-mail: grants@aspenthriftshop.org



Date	
-------------	--

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.	

Please remove this page if not applicable.