

Giving Back to the Community Awards Application Form

Date approved by board: _____ Time Frame for Expenditures: From: _____ To: _____ (Not to exceed 6 months from time of receiving grant)

Mail all applications by the postmark deadline to:
Thrift Store Award; %Calhoun Family Resource Network , P.O. Box 620, Grantsville, WV, 26147

Award Cycle (check one): Spring (June 1st deadline) Fall (December 1st deadline)

Name of Individual/Organization:	
Address:	
Phone:	
Email:	

Contact Person:	
Phone:	
Email:	

Amount Requested: Not to Exceed \$500.00	\$ _____
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Project Narrative (Explain briefly and concisely how the award will be used):

Explain Expenditures:
 (Give a brief, but clear description of expenditures, add a page if additional space is needed.)

Requirements:

1. Copy of all expenditure receipts to be submitted to the FRN with final report.
2. All monies must be spent within time frame indicated or a maximum of six months, whichever comes first, or unused portion of monies must be return to FRN.

I agree to abide by the conditions stated in this application which includes data submitted once the award is complete and pictures, etc. for publicity.

 Authorized Signature

 Date