

Giving Back to the Community Awards Application Form

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| 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

**(If you received the Giving Back Award in the cycle that just past,
you must opt out on the next cycle.)**

Award Cycle (check one): Spring (June 1st deadline) Fall (October 31st deadline)

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|---|--|
| 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