

Application for a Columbia Town Center Community Association Grant



Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ EIN # _____

Website _____

Contact Person _____ Title _____

E-mail _____ Phone _____

Organization's Mission: (Limit 295 characters)

1. Grant amount requested: _____

2. Name of the program for which a grant is requested: _____

3. Please provide a brief description of the program: (Limit 590 characters)

4. Is this a new initiative? (If yes, answer question 5. If not, skip to question 6.) Yes No

5. If this is a new initiative, when will the program be sustainable? (Limit 110 characters)

6. When will this program begin and at what point in time will you be able to evaluate its success?
(Limit 110 characters)

7. Describe the need for the program, who will be served and how many unduplicated individuals will be served.

(Limit 295 characters)

8. Identify the measurable goals to be achieved by this program. (Limit 1000 characters)

9. How will you know if you have succeeded? State measurable outcomes. (Limit 650 characters).

10. Do you receive funding from the United Way or other similar agency? (Limit 500 characters).

11. What other Columbia or regional companies/agencies offer services similar to yours? Limit 500 characters).

INSTRUCTIONS FOR SUBMISSION

To electronically submit this application, save the application and then e-mail it to: villagemanager@columbiatowncenter.org

Please also attach to the e-mail **one** additional PDF file containing the following documents:

1. The organization's current budget.
2. The proposed itemized budget for the program for which funding is requested.

Paper copies of the application will not be accepted.

For questions about the application please contact Lyn Locke, at (410) 730-4744 or e-mail villagemanager@columbiatowncenter.org

Grant deadline is March 20

Name of Authorized Person Submitting This Application:

Name _____ Title _____

E-Mail _____ Phone _____

