



# Giving Application

*This form can be filled out in your browser. To save your progress, you may need to download Adobe Reader (free) or use your browser's print-to-PDF feature. Save and email along with requested documents to [info@gvtcfoundation.com](mailto:info@gvtcfoundation.com)*

***One application per organization for both Grants and Sponsorships per calendar year. Please refer to our Funding Guidelines prior to applying.***

**Application Type:** ☐ Grant Request and/or ☐ Sponsorship Request

## ORGANIZATION INFORMATION

Date:

Name of Organization:

Mailing Address:

City:

State:

Zip Code:

Organization Website:

Federal Tax ID#:

Year Established:

501(c) (3):    Yes    No

Type of Entity:

## ORGANIZATION PRESIDENT / EXECUTIVE OFFICER

Executive Director:

Title of Executive:

Phone:

Email:

## CONTACT PERSON

Contact:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

**REVIOUS GRANTS/SPONSORSHIPS RECEIVED FROM US (last 3 yrs)**

Amount:

Date:

Amount:

Date:

Amount:

Date:

**ORGANIZATION MISSION STATEMENT****BRIEF DESCRIPTION OF ORGANIZATION****GVTC GEOGRAPHIC AREA SERVED IN TEXAS***(must be connected to GVTC or serve communities within the GVTC service area)*

**GRANT APPLICATION SECTION** *(Complete this section for Grant requests only)***PROPOSAL REQUEST DETAILS**

Program/Project Name:

Requested Amount:

Type of Request: ☐ General Operating ☐ Program/ProjectProgram/Project Category: *select from GVTC giving categories*☐ Health/Human Services ☐ Youth Programs & Services ☐ Volunteer Emergency Services ☐ Education ☐ Cultural

Will your organization be collaborating with any other organization for this program/project: if Yes please indicate who:

Number of people expected to benefit:

Target population/beneficiaries:

**ORGANIZATION REQUEST AND BUDGET**

Total Organizations Budget: \$

Total Program/Project Budget: \$

Program/Project Start Date:

Program/Project End Date:

Other Giving and Funding Sources:

**DESCRIPTION OF REQUEST:** *Include the following: Description of program/project; What is the need and how will it be addressed; What change will occur for those you serve and how will that be evaluated.*

**SPONSORSHIP REQUEST SECTION:** *(Complete this section for Sponsorship requests only)*

Event/Program Name:	Date:
Location:	Amount Requested: \$
Event/ProgramDescription:	Sponsor Benefits/Recognition for GVTC Foundation:
Expected Attendance:	Target Audience:
How many years has the Event/Program been held :	How does this Event/Program impact the community:

**STANDARD ATTACHMENTS:****GRANTS ONLY**

- Copy of W9
- Copy of IRS letter 501(c)(3)
- Current organizational budget
- Current program/project budget
- List of board members with title and affiliations
- Most recent audited financial statements, or if unavailable, balance sheet and profit & loss statement for the most recently completed fiscal year, or most recent IRS Form 990
- Letters of support or Memoranda of Understanding (for collaborative programs/projects)

**SPONSORSHIP ONLY**

- Copy of W9
- Sponsorship Level breakdown to include sponsor benefits.

**APPLICANT AGREEMENT AND CERTIFICATION:**

By signing below, I/we certify that all information provided is true and accurate, agree to use funds solely for the stated purposes, will maintain detailed financial records and provide required reports, comply with all applicable laws and regulations, appropriately acknowledge The GVTC Foundation in all related materials, cooperate with monitoring and evaluation activities, and hold harmless The GVTC Foundation from any claims arising from this project, and understand that non-compliance may result in immediate termination of funding and demand for repayment. I/we have the legal authority to enter into this agreement on behalf of the requesting organization, and this signed application constitutes a binding legal agreement between the parties

Signature: \_\_\_\_\_ Date: \_\_\_\_\_