

Tioga County Senior Citizens Foundation, Inc.
P O Box 117
Owego NY 13827

APPLICATION FOR GRANT

- Please type or print legibly, thank you. Provide as much information as you can to detail the need for funding and support your request. Attach additional sheets as needed.
- Please submit two copies of the completed application. Include all supporting information with each copy. Please keep a copy for your own records.
- Applications must be submitted to the postal address above by **June 1**. A new application must be submitted every year. Grant awards will be announced and delivered in September. Funds must be used within one year of award.
- For queries, contact the foundation by one of these methods: write to the postal address above, write using e-mail to: seniorcitizensfoundation@yahoo.com, or call 607-687-0229.

Date: _____

Name of organization: _____

Mailing Address: _____

Name of contact person: _____ Phone number: _____

E-mail address: _____

How much money are you requesting? _____

How will you spend the money? _____

How will you be able to show the money has been properly spent within one year, if you receive funding?

Describe your organization and tell what service or benefit it provides to senior citizens:

Give any additional information you feel would be helpful to know about your project. This helps the committee in considering your request for funding. Attach additional sheets as needed.

Have you applied to other organizations or foundations to fund the current request? _____

If yes, please give the name, date and amount of money requested:

Have you received any funding for the current request from any source? _____

If yes, name the source of the funding, the date and amount of money received:

Did you receive a grant from Senior Citizens Foundation last year? _____

What did you request? _____

How was the money used? _____

Please provide names of your organization's current **officers**:

President: _____ Vice-president: _____

Secretary: _____ Treasurer: _____

****Please include a copy of the current or previous year's operating budget, specifying all sources of income for the most recent year.**

In consideration of a grant from the Tioga County Senior Citizens Foundation, Inc., the undersigned agrees to protect, defend, indemnify and hold harmless the Tioga County Senior Citizens Foundation, Inc., its officers and directors, from and against any demand and causes of action of any kind and character, including but not limited to the amount of judgments, penalties, interest, court costs and legal fees incurred by the Tioga County Senior Citizens Foundation, Inc. arising in favor of any party, including claims, liens, debts, personal injuries, death or damage by enumeration, all other claims or demands of every character occurring or in any way incident to, in connection with or arising directly from this grant or the use thereof.

I understand that Senior Citizens Foundation retains the right to request information relating to the use of any grant award at any future date and that, in the event grant money is not used as requested or not dispersed within one year of receipt, it is my obligation to notify Senior Citizens Foundation and return the funds not spent.

Organization: _____ Date: _____

Signature: _____ Title/Office: _____