

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

**Visit our web site at [www.tcseiorfoundation.com](http://www.tcseiorfoundation.com)**

**APPLICATION FOR GRANT**

- Please type or print legibly, or complete the fillable form online. Provide as much information as you can to detail the need for funding to support your request. Attach additional sheets as needed.
- Please keep a copy of all paperwork for your own records before submitting.
- All applications are due by June 1<sup>st</sup>. To be considered, send it electronically or postmark it by this date. A new application and supporting information must be submitted every year.
- All grant requestors will be notified of the results in September. If awarded, grant checks will be delivered in September.
- For questions or problems, contact us. Write to the postal address above, write an e-mail to: [seniorcitizensfoundation@yahoo.com](mailto:seniorcitizensfoundation@yahoo.com), or phone the secretary at 607-687-0229.

Name of organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address of contact person: \_\_\_\_\_

How much money are you requesting this year? \_\_\_\_\_

How do you plan to spend the money?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

How will a grant from TCSCF help you assist senior citizens? Include additional information you feel would be helpful to know about your organization or project. Attach additional sheets as needed.

---

---

Have you asked other organizations or foundations for money for the current request? Tell who, the date and amount of money requested. \_\_\_\_\_

---

What money for the current request have you received from any source? Explain the source of the funding with date and amount of money you received. \_\_\_\_\_

---

If you applied for a grant from TCSCF last year, how much did you request? \_\_\_\_\_ For what? \_\_\_\_\_ How much did you receive? \_\_\_\_\_

How was the money used? Project completed? \_\_\_\_\_

---

---

---

\*Please include a copy of your organization's **operating budget**, showing income and expenses for the current or previous year.

\*List your organization's current **officers**:

President: \_\_\_\_\_ Vice-president: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

*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 cannot be used within the 12 months after the grant is received, it is important that I inform Senior Citizens Foundation due to the Foundation's fiduciary responsibility.***

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title/Office: \_\_\_\_\_