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

Visit our web site at www.tcseniorfoundation.com

## APPLICATION FOR GRANT

- Please type or print legibly, or submit the fillable form found at the web site. Provide as much information as you can to detail the need for funding to support your request. Attach additional sheets as needed. Include all documents as required.
- Please <u>keep a copy</u> of all paperwork for your own records before submitting the application and required documents.
- All applications are due by June 1<sup>st</sup>. To be considered, send 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 during September. If awarded, grant checks will be delivered in September.
- For questions or problems, contact us at the address above, write an e-mail to: <a href="mailto:seniorcitizensfoundation@yahoo.com">seniorcitizensfoundation@yahoo.com</a>, 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?	
Describe project. Detail how you plan to spend the mo	oney in order to benefit the senior population.
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 be	enefit it provides.
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information about your project and how it will aid senior citizens. Attach additional sheets, as needed.	
	s or foundations for money for the current request? Tell who, the date
funding, with date and amount of m	t have you received from any source? Explain the source of the noney you received.
	ast year? How much did you request? \$ How much did you receive? \$
For what?	How much did you receive? \$
If you received a TCSCF grant last	year, explain how the money was used.
*1.) Attach to this application a constraint Show all income and expenses.  *2.) List below your organization's	opy of your organization's <b>operating budget</b> for the most recent year.
President:	Vice-president:
Secretary:	Treasurer:
protect, defend, indemnify and hold had directors, from and against any demand the amount of judgments, penalties, into Citizens Foundation, Inc. arising in fact damage by enumeration, all other claim connection with or arising directly from I understand that Senior Citizens Foundation award at any future date and the grant is received, it is important that I	ioga County Senior Citizens Foundation, Inc., the undersigned agrees to armless the Tioga County Senior Citizens Foundation, Inc., its officers and and causes of action of any kind and character, including but not limited to terest, court costs and legal fees incurred by the Tioga County Senior wor of any party, including claims, liens, debts, personal injuries, death or ams or demands of every character occurring or in any way incident to, in this grant or the use thereof.  Undation retains the right to request information relating to the use of any test, in the event grant money cannot be used within the 12 months after the I inform Senior Citizens Foundation due to the Foundation's fiduciary
responsibility. Organization:	Date:
Signature	Title/Office: