



CITY OF BISHOP | 2020-21 Grant in Support

# Grant Application

Check one:  Community Services  Community Arts

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Location: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_ Grant Amount Requested: \_\_\_\_\_

Organization's Tax ID Number: \_\_\_\_\_ Is your organization a 501(c)3?  Yes

Organization Address: \_\_\_\_\_

Does your organization carry General Liability and Workers' Compensation Insurance?  Yes  No  
(Proof of Insurance or insurance certificates with endorsements naming City as additional insured may be required if grant is awarded.)

Has your organization received funding in the past?  Yes –Year received \_\_\_\_\_  No

## Attach Grant Submission Packet:

This would include:

- Project Proposal Narrative (Categories A-F)
- Project Line Item Budget (Category G)
- List of Organization's Board of Directors
- Optional: One (1) promotional attachment i.e., letter of support, picture, etc.

## Attach Verification Documents:

This would include:

- Verification of 501(c)3 status
- Federal Form: 990, 990-EZ, or 990-N

To the best of my knowledge, the data and information in this grant application is true and correct, and I am authorized to file this grant application on behalf of the organization.

Name of Grant Applicant's Representative: \_\_\_\_\_

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

Title: \_\_\_\_\_