

Teens with a GIFT of Foresight

APPLICATION FOR TGF GRANT

Na	me of Organization:
Ma	ailing Address:
	entact Person (Title):lephone Number:
En	nail:
IR	S Tax Exempt Number :
1.	Amount Requested (up to \$2,000):
2.	Please outline the general purpose of your organization and how Geneseo (or surrounding area) residents may benefit from your program (Use additional sheets, if necessary).
3.	Please explain how the grant will be used and who it will impact. (Use additional sheets, if necessary).
4.	Is the applicant organized as a non-profit organization under State and Federal laws governing charitable organizations? Yes / No (If "Yes", please attach a photocopy of the ruling or determination letter from the Internal Revenue Service about exempt status, private foundation status, or grant-making status. If "No", please explain.)
5.	Are you willing to let the TGF Board members visit your organization prior to a granting decision to learn about what you do and how the money would be used? Yes / No If No, can you attend one of the TGF meetings to present to the board? Yes / No

6.	visit to see how the mo	ne TGF Board members visit your organization on a follow up ney was utilized and who it impacted? Yes / No ne of the TGF meetings to present to the board? Yes / No		
7.	List the names and title	s of the applicant's officers and governing board:		
8.	If the applicant is controlled by, related to, connected with, or sponsored by another organization, please identify the organization and explain the connection.			
I a	•	the above information is correct to the best of my knowledge, and oplication for the organization. Name		
		Title		
RE	TURN APPLICATION	TO:		
	Email (preferred):	tgf@foresight.net		
	U.S. Mail:	Teens with a GIFT of Foresight P. O. Box 265 Geneseo, H., 61254		

We prefer to receive applications by Oct 7th if possible.

All applications must be received by October 31st.