**Application for TLT Grants**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Grant Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program/Project for which grant is sought\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal EIN# (required by IRS for check disbursement)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please respond to the following points in the order listed, using a maximum of three pages.**

**In addition to your narrative, please include the attachments listed.**

1. Please give a brief description of your organization, including its mission, programs and services, target population(s),

target geographical area(s), impact summary, priority actions and any recent achievements.

2. Please provide a description of your specific program or project for which this grant is requested and include information which will illustrate how the program/project will benefit your organization, those whom the program is intended to serve, and the community. In addition to your program description, discuss what distinguishes your program from other services which address these issues, as well as any innovations you will incorporate.

3. Please provide a statement of need describing the area of interest that your program addresses - such as children’s issues,

human services, the arts, etc. – and the problem or opportunity to be addressed.

4. What geographical area of the community does your program impact and does it extend beyond Lackawanna County?

5. What is your timeline for implementation, the specific results that will occur, the specific results you expect to achieve

through this project/program and how you will measure those results in both qualitative and quantitative ways?

Required Attachments:

1. Proposed program/project budget reflecting income sources (expected and secured) and expenses, including the

amount requested from SAF and the total program/project budget

2. Copy of IRS verification of tax exempt status 501(c)(3) letter

3. Current PA Bureau of Charitable Organizations Certificate

4. Board authorization for grant request (Minutes, resolution, OR signature of the Board chairman)

5. List of board members

Please submit your application with attachments via email to [cathyf@safdn.org](mailto:cathyf@safdn.org) . For assistance, contact the office at 570-347-6203

**Recognition of Grant:  The Grantee is required to submit a press release and photo to local media referring to the Scranton Area Foundation’s support of the funded activities. A draft of this press release must be sent to The Scranton Area Foundation for advance review and approval prior to sending it to the media.**

**Acknowledgement: Acknowledgement of the Foundation’s funding support should also be included in all published materials and announcements relating to the funded activities.  The Scranton Area Foundation logo should be incorporated in promotional materials, education materials and posters.  The logo will be supplied upon request.**