



# Grant Proposal Application

(Please type)

- This application with all attachments must be received by **4:00 pm** on or before **April 29<sup>th</sup>, 2016**.
- You are required to make **9 color copies** of the entire grant packet for your application to be considered complete.
- **Incomplete applications will be considered ineligible.**

|  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| Date Submitting Grant Application (mm/dd/yyyy):    |                                     |                                     |
| <b>ORGANIZATION INFORMATION</b>                    |                                     |                                     |
| <b>Organization Name:</b>                          |                                     |                                     |
| <b>Federal ID Number:</b>                          |                                     |                                     |
| <b>Organization is:</b>                            | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Government |
| Address:   |                                     |                                     |
| City:  | State:                              | Zip:                                |
| <b>Contact Person:</b>                             |                                     |                                     |
| Title:   | Email:                              |                                     |
| Phone Number:                                      | Fax Number:                         |                                     |
| <b>Organization Mission (Limited to 300 words)</b> |                                     |                                     |
|  |                                     |                                     |

**PROJECT INFORMATION**

**Project Name:**

**Start & End Date (mm/dd/yyyy):**

**Project is (please select only one):**

New

Existing

**Project Theme (please select only one):**

Agriculture

Arts & Culture

Civic & Community  
Development

Historic Preservation

Tourism

Business Support

Workforce Development

Increased Organizational  
Capacity

**Estimated number of people in the City of Franklin to be impacted by this specific project over the next 12 months:**

**Summary of the proposed project (Limited to 700 words)**



**Future Funding:** What are the plans for future funding of this project (If Applicable)? Summarize a specific plan for project sustainability (Limited to 700 words).

**Could you complete this project if the Franklin Economic Development Commission could not award 100% of the request?**

**Yes**

**No**

If not, please explain:

**Organization's Fiscal Year (ex. month / year):** From \_\_\_\_\_ to \_\_\_\_\_

**Does your organization have an annual outside audit?**       **Yes**       **No**

If no, please explain:

**How do you plan to recognize the Franklin Economic Development Commission if you are awarded funding?**

## Grant Application Certification

**Grant Applicant hereby certifies that it was established to promote economic development.** The Grant Applicant hereby certifies that it does not discriminate on the basis of race, national origin, religion, gender, gender preference, age, or disability (“non-discrimination factors”) in its policies, practices, services, or standards for participation in its projects; except to the extent any such project lawfully provides services to a limited segment of the population based on such non-discrimination factors. It is expressly understood and agreed that the Franklin Economic Development Commission is not a joint participant in, nor provider of, any of the Grant Applicant’s projects or services. The Franklin Economic Development Commission’s role in the Grant Applicant’s services is limited solely to making grants and assuring that grants are administered in accordance with the terms of the approved application. The Grant Applicant represents and warrants that it will use all granted funds in accordance with applicable laws. Grant Applicant agrees to indemnify, and hold the City of Franklin and Franklin Economic Development Commission blameless in any liability imposed based on any conduct or omission occurring in connection with a project or service of Grant Applicant for which the City of Franklin has provided a grant.

|             |             |
|-------------|-------------|
| Print Name: | Print Name: |
| Signature:  | Signature:  |
| Title:      | Title:      |
| Date:       | Date:       |

**Important Note:** Please be sure your proposal contains all the information outlined in the application guidelines, including but not limited to the following attachments:

- List of current staff members (both paid and volunteer)
- List of current board members (names, addresses, titles/offices)
- IRS determination letter (if not already on file at the Franklin Economic Development Commission)
- Other relevant supporting materials, including appropriate letters of support from partner institutions
- The organization’s overall budget showing income and expenses
- Most recent annual report or financial statements
- Letters of agreement from collaborating organizations (if applicable)