



GRANT APPLICATION

The grant-funding term will be from September 1 to August 31 each year. Applications must be received (postmark or email date-stamp) by August 15 of the funding year. Should your application be received past the deadline, consideration for funding will be made per available funds for that grant-funding term.

Title of Application/Program: _____

Program Contact Information:

Contact Name: _____

Contact Address: _____

Contact Email: _____

Contact Phone Number: _____

Program website: _____

Funding:

Grants will not be awarded to non-profits. Are you a non-profit? (circle one) YES NO

Funding amount requested: _____

Have you been awarded a CTAP Grant before? (circle one) YES NO

If so, please provide the name of the program, date(s) and funding amount.

Do you intend to perpetuate this program so that you will seek funding from CTAP each year? YES NO

Program:

*Describe the program for which you are seeking a grant and the proposed **outcome/goals** of that program. Note that biannual reports regarding attendance, program success and challenges and funds spent will be required for CTAP Board review. From time-to-time, as Program Leader, you may be required to fill out requests for information regarding the success of your program to include specific stories/examples of the program, quotes from participants and photographs of the program in operation.*

What is the schedule for the program you will provide (days of the week/month and times)? Please account for any known holidays or other known interruptions in this schedule and state them here.

Where will your program take place (include name and address of facility)? Note that all in-person programs must be within an 80-mile radius of Temple, TX. In the case of virtual meetings, please state the platform on which those meetings will take place and how access to those meetings will be communicated/promoted.

How do you intend to communicate changes in your program schedule to your audience and the CTAP Board?

Indicate the target number of unique individuals you intend to reach. Note that you will be required to maintain attendance rolls (template provided by CTAP) and maintain data regarding the number of *unique individuals* you serve over the course of the funding period.

How and where do you intend to market your program so as to grow the unique number of individuals served? Note that future funding of each program will depend on the number of unique individuals served and growth as evidenced by the attendance records.

What certification(s) and experience do you have to lead this program? You are welcome to attach any documentation you deem helpful.

All programs will be required to publicly acknowledge CTAP as the sponsorship of the program in all publications, media opportunities, social media/websites and presentations of the program.

Budget:

Please attach a budget for your program.

You/your program agree to maintain the privacy and confidentiality of participants and their care providers. Sign-in sheets will provide a means for participants to agree, or not, to provide permission for the inclusion of their name, photograph, video or other means of personal identification for the purpose of awareness and fundraising as related to CTAP and the marketing of your program.

I have reviewed the CTAP Grant Application and accompanying instructions and will comply with its requirements.

Signature

Date

For Board Use

Date Received: _____

Approved? (circle one) YES NO

Amount Granted:

Date(s) of payout:

Monthly, 4th week

Other

Notification letter and instructions sent on the following date:

Signature of Board Members:

Chairman

Secretary

Vice-Chairman

Treasurer

Sargent-in-Arms