



**JORDAN COMMUNITY COUNCIL
P.O. Box 582
BEAVER STREET
JORDAN, NY 13080**

(315) 689-9423

GRANT REQUEST

Please complete this form and submit it with a one page description of your organization and request.

Be prepared to attend a Council meeting to present your organization and your request. Thank you for your request.

AMOUNT REQUESTED: \$ _____
(If no specific amount is requested leave amount blank)

Organization name: _____

Federal ID: _____ Telephone: _____
(if applicable)

Mailing address: _____

Contact name: _____

Purpose of organization: _____
Give us an idea of what your organization does—(attach additional pages if needed)

Answer items below as applicable.

- ✓ Please list all annual fundraising efforts: _____
- ✓ _____
- ✓ How many volunteers does your organization have: _____ Children & adults? yes no
- ✓ What age group will benefit from your project: _____
- ✓ What fundraisers are you holding for this project: _____
- ✓ Total cost of project: _____
- ✓ Other sources of funding and amounts from each: _____ \$ _____, : _____ \$ _____
(Include additional sheets as needed)

Required for requests greater than \$250.00 please attach the following;

Current budget Income Statement (P& L) Balance sheet Statement of Cash Flows

For Council Use

Granted Declined \$ _____ Amount Granted Date _____/_____/_____

Check Number _____ Check Date _____/_____/_____