

KENDLE'S KREW INC

GRANT APPLICATION FOR HALL COUNTY
501(C)3 ORGANIZATIONS & SCHOOLS

KENDLE'S KREW INC.

WWW.KENDLESKREW.COM/KENDLESKREW@GMAIL.COM



"Changing the World
One Kick at a Time"

HALL COUNTY ORGANIZATION APPLICATION

GRANT APPLICATION for Hall County

Who may apply?

These grants are available to families/individuals who are living with a disability, or to 501(c)3 organizations who assist individuals with physical and/or intellectual disabilities. For individuals/families, the grants will be paid directly to the organizations providing assistance. For 501(c)3 organizations, grant funds will be distributed directly to the organization.

Organizations or schools applying for this scholarship must:

- Provide proof of tax exempt or 501(c)3 status.
- Directly provide services to individuals with physical or intellectual disabilities.
- Demonstrate the need for funds and how they will be used.
- Business primary address is in Hall County, Georgia

What is the amount of the scholarship?

The grants to be awarded will provide up to \$10,000.

What is the process?

- Download the application, complete all sections, sign it and return to kendleskrew@gmail.com.
- Applications will NOT be considered in the order in which they are received. All applications will be considered at the same time.
- All applications must be emailed to kutch51@gmail.com by August 8, 2026.
- **All grant monies must be utilized for purposes stated within one year from notification date.**
- **The organization must respond to Kendle's Krew Inc. within 1 week of notification of grant (notifications will occur via phone call and or email).**

Guidelines

- The funds awarded must be used to directly benefit individuals with physical or intellectual disabilities.

Kendle's Krew Inc will make every effort to remain objective during the process for determining the recipient of the grants awarded; therefore the first two pages of this document which contain all personal identification information will be removed and the application will receive a number code. Throughout the rest of the determination process the application will be remainder of this application **names or other identifying information be left out**. Throughout the rest of the determination process the application will be referred to only by the number code. It is essential for purposes of objectivity and confidentiality that in filling out the remainder of this application **names or other identifying information be left out**.



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APPLICATION FOR HALL COUNTY ORGANIZATION		
Organization Name:		Tax ID:
Applicant Name:		Applicant's affiliation with Organization:
Organization Street Address:		Apartment/Unit #:
City:	State:	ZIP:
Phone:	County:	
Does your organization hold a 501(c)3 status? YES NO (If yes, please attach a copy of your IRS Determination letter or other verification)		
Is your organization a school? YES NO		
What is the mission statement of your organization?		
Describe the work of your organization and their work within the special needs community.		



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Testimonies of individuals or families who have benefitted from your organization. (optional) ***This may be attached separately

PLEASE NOTE: DO NOT USE YOUR ORGANIZATION'S NAME OR NAMES IN THIS SECTION (USE GENERIC TERMS SUCH AS "OUR ORGANIZATION")

If you are requesting equipment, PLEASE include description of equipment with model numbers and pricing.

What will you do with the grant money? **Please be as specific as possible and attach additional sheets if necessary.**



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How will this help your organization?

All information included in this application is confidential and for use only during consideration for Kendle's Krew Inc. process. Please keep a copy for your records.

PLEASE NOTE: DO NOT USE ANY NAMES OF YOUR ORGANIZATION OR NAMES IN THIS SECTION

Other pertinent information about your organization and how this grant will help further their work.



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