

\$1000.00 GRANT APPLICATION

Networking To Help Children, Inc.

2725 PGA Blvd.

Palm Beach Gardens, Florida 33410

EIN#47 1244314

FULL LEGAL ORGANIZATION NAME		YEAR ESTABLISHED	501 (c) (3) ?		IF YES, EIN
			YES	NO	
ADDRESS					
		TOTAL ORG. BUDGET	IF NO, PROVIDE FISCAL SPONSOR INFORMATION		
WEBSITE	PHONE		SPONSOR NAME	EIN	
EXECUTIVE DIRECTOR NAME	TITLE	FISCAL YEAR	SPONSOR ADDRESS		
EMAIL ADDRESS	PHONE	MONTH			
ADDITIONAL POINT OF CONTACT NAME	TITLE	DAY	TOTAL # BOARD MEMBERS		
			TOTAL # FULL TIME STAFF		
EMAIL ADDRESS	PHONE		TOTAL # PART TIME STAFF		
			TOTAL # VOLUNTEERS		
ORGANIZATIONAL MISSION STATEMENT					
BRIEF ORGANIZATION DESCRIPTION					

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BRIEF OVERVIEW OF POPULATION SERVED

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GRANT NAME	GRANT ID	CHECK CYCLE	SUBMISSION DEADLINE
NHC CYCLE ONE 2024	2024 GC ONE 1K		MARCH 1, 2024
NHC CYCLE TWO 2024	2024 GC TWO 1K		AUGUST 30, 2024

PRINTED NAME OF AUTHORIZING PARTY

AUTHORIZING SIGNATURE DATE

Project Description, Cost and Amount Requested

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Statement of Need...tell us why the project is needed in the community

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Statement of Support...who in the community supports this type of project or service

What are the Objectives and Goals of this Service or Project?

Methodology...How will you implement this service in your community?

What is the immediate Impact? Be specific... If awarded funding, how will the funds impact individuals or families's lives? How many people will it impact? How will awarded funds impact the community at large?

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What is the long term Impact?

Is the organization applying for other funding?

EVALUATION

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STAFF QUALIFICATIONS AND RESPONSIBILITIES

NAME	ROLE	TASKS

Additional Information

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CONCLUSION