

\_\_\_\_\_  
(Date Received)

THE PALMER CENTER FOUNDATION  
301 Louis St., Suite 305, Kingsport, Tennessee 37660  
Phone: 423-765-2763

**GRANT APPLICATION**

The mission of the Palmer Center Foundation is *to improve the quality of life for persons with special needs in East Tennessee and Southwest Virginia.*

The Palmer Center Foundation awards grants to individuals and organizations for activities or projects that directly address the mission of the foundation. (The scholarship application is also provided on the Palmer Center Foundation website.)

This grant application may be completed and submitted online or printed, completed manually, and mailed to the above address. Please do not write "n/a" in any blanks. If the information requested in non-applicable to your request, please explain briefly why it does not apply.

Name of Person or Organization: \_\_\_\_\_

If an Organization, please give mission statement and whether organization is legally identified as a non-profit organization:

If an organization, please give names of Board of Directors and/or administrators:

_____	_____
_____	_____
_____	_____
_____	_____

Board members  are  are not compensated for their service.

Date funds are needed: \_\_\_/\_\_\_/\_\_\_ Period grant will cover: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Date(s) for project evaluation: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ Amount Requested: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Grant Preparer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

This is a  continuing project  new project

If you checked continuing, please share progress, improvements, or changes that you are making with the grant:

Description of Project (attach additional pages if necessary):

Please give the goals and objectives of the project and describe how this project aligns with the mission statement of the Palmer Center Foundation:

How will the attainment of goals and objectives be evaluated? Be specific. Include the indicators that will be used to measure progress and the person or persons who will be responsible for this evaluation.

Person(s) Responsible for Evaluation \_\_\_\_\_

Date Feedback to be provided to PCF \_\_\_\_\_

## Project Budget

1. List items or expenses to be funded.
2. Include those requested from PCF as well as from other sources.
3. Please note that the Palmer Center Foundation does not fund political causes, political candidates, lobbying efforts, endowment funds, organizational operating deficits, salaries, stipends, retreats, or gifts to individuals or administrators connected with the project. (this list is not meant to be all inclusive.)

## Expense Detail

Item (If multiple items include number of items.)	Amount per Item	Grant Funding Request	Funding from Other Sources	Total Amount

**TOTAL PROJECT BUDGET:** \_\_\_\_\_

**TOTAL GRANT REQUEST:** \_\_\_\_\_

**TOTAL FROM OTHER SOURCES:** \_\_\_\_\_

**Please list Other Funding Sources:**


Additional Comments:

I certify that the grantee and project are located within Northeast Tennessee and Southwest Virginia and that 100% of the services provided through this grant will be provided to residents of Northeast Tennessee and Southwest Virginia.

\_\_\_\_\_  
Signature of grant requestor or organization officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of grant requestor or organization officer

\_\_\_\_\_  
Title or Relationship

For Office Use Only:

Grant Awarded  Yes  No Amount Funded \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PCF Board Member Liaison \_\_\_\_\_