GRANT APPLICATION COVER SHEET GREENWAYS FOUNDATION, INC.

Date:	
Project Name:	
Project Location:	
County:, Indiana	
Nearest City or Town:	
Grant Amount Requested: \$	
Total Cost of Project: \$	
Other funding sources approached/anticipated and	d amount:
	\$
	\$
Applicant Organization:	
Address:	
Phone: () Fax: () E	Email:
We agree to provide progress reports via email every 60 days a evaluation (not to exceed two pages) within 60 days after project report shall include an accounting of the funds received, number expended, measurement of proposed objective results, plans for project and suggestions for the future related projects.	ct completion. The project completion er of participants and/or volunteer hours
Signature of authorized official:	
Contact Person:	
Address:	
Phone: () Fax: ()	Email:
Signature of contact person:	

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GREENWAYS FOUNDATION, INC.

Grant Application Part 2 of 2, Page 1 - Income Statement

Charitable Organization	on Name:			
Year Orga	nization was Founded:			
	FINANCIAL HISTORY			
For Fiscal	Year Ending (Month/Year):			
Revenue	s			
	Contributions			
	Individual			
	Corporate/Foundation			
	Government grants			
	Program generated			
	Other (please specify)			
	TOTAL REVENUES			
Expense	s			
	Program			
	Administration			
	Fundraising			
	Other (please specify)			
	care: (produce opeony)			
	TOTAL EXPENSES			
	NET DIFFERENCE			

GREENWAYS FOUNDATION, INC.

Grant Application Part 2 of 2, Page 2 - Balance Sheet

CHARITABLE ORGAN	NIZATION NAME:	
YEAR ORGANIZATIO	N WAS FOUNDED:	
	BALANCE SHEET	
FOR FISCAL YEAR E	NDING (Month/Year)	
Assets	Cash Securities Accounts receivable Contributions receivable Property/Equipment Other (please specify)	
Liabilities	Current Long-term TOTAL LIABILITIES	
Net Assets	Restricted Unrestricted TOTAL NET ASSETS	
	TOTAL LIABILITES + NET ASSE	TS

*Note - For your balance sheet to "balance", TOTAL LIABILITIES + NET ASSETS = TOTAL ASSETS

GREENWAYS FOUNDATION, INC.				
Grant Application Part 2 of 2, Page 3 - Project Budget				
CHARITABLE ORGANIZATION NAME:				
	PROPOSED PROJECT BUDGET & EXPLANATION			

Please complete the following budget table, and include all sources of income for the proposed project.

Line Item	Support From	Support From	Amt Requested	Project
<u>Description</u>	Your Agency *	Other Funders	From GF	<u>Total</u>
TOTALS				

^{*} Includes revenues generated by program and agency in-kind contributions.

BUDGET EXPLANATION

Please provide detailed description for each line item, such as "Printing, 10 copies @\$.03/copy, Total = \$3.00" and list other funders and the support they are providing, including in-kind contributions. If you are requesting support for a capital expenditure, please include three price quotes from vendors.

Grant applications must be sent, via email, to: grants@greenwaysfoundation.org.