

The Darryl Worley Foundation, Inc.

325 Main Street

Savannah, TN 38372

Telephone: (731) 926-2667

Toll Free: (866) 484-3877



Organizational Grant Application

Name of Organization Applying _____

Mailing Address _____

Name of Person Making Application _____

Address _____

Phone Number _____ Title _____

Name of President, or Other Officer _____

Address _____ Phone _____

Purpose of Grant: Limit of 2 pages, single-spaced, typed.

1. Project goal(s) and objectives
2. Project timetable
3. Benefits to the community
4. Persons implementing project and qualifications

Financial Information

1. Detailed copy of latest annual operating budget; income/expense, or audit report
2. Projected annual budget, showing grant expenditures
3. Sources of funding for this project.
- 4 Tax ID Number _____

Source _____ Amount \$ _____

Source _____ Amount \$ _____

The Darryl Worley Foundation, Inc. Grant Request: \$ _____

Projected Total: \$ _____

Note: It is our procedure to pay bills as they accrue, up to the amount of awarded grant, directly to grantee or to a designated agency. Grants are to be spent within one year from date of grant.

Other required attachments to include:

1. Copy of Organization's Articles of Incorporation and Bylaws, if not on file.
2. Copy of the Organization's IRS federal tax-exempt letter.
3. Other pertinent information you think would be hopeful to the Grants Committee.

Signature _____ Date _____