

The Darryl Worley Foundation, Inc.
325 Main Street
Savannah, TN 38372
(located in CB&S Bank)
Telephone: (731) 926-2667
Toll Free: (866) 484-3877
Email: office@darrylworleyfoundation.com
Website: darrylworleyfoundation.com



Organizational Grant Application

Name of Organization Applying for Grant _____
Mailing Address _____
Phone Number _____ Email _____

Person Making Application:
Name _____
Address _____
Phone Number _____ Title _____

Name of President or Officer: _____
Address _____ Phone _____

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

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

Financial Information

- Include:
- 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 Grant Amount Requested Amount \$ _____

INTRUCTIONS

- 1. On back or on separate paper, write narrative of what you are asking for.
- 2. Be specific about requirement.
- 3. Include supporting material.
- 4. Note any other agency, church or benefits that have helped in any way.

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

Other attachments to include:

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

This Section is for an Organization Requesting a Grant to Assist a Veteran:

- 1. Veteran’s DD214 Document Number _____
- 2. Copy of Veteran’s Government Issued Photo ID
- 3. Proof of residence in the area served by The Darryl Worley Foundation
- 4. Information submitted by the provider on the Veteran’s behalf.

Signature _____ Date _____