

The Dr. Hart Joiner Endowment for Children & Youth Grant Application

Organization Information

Organization & Program Name:*

Please list the name of your organization and the name of your program.

Example: Rotary Club - 2023 Youth Sports Camp

Character Limit: 100

Amount Requested:*

Historically, awards have ranged from \$500 - \$5,000.

Character Limit: 20

What year was your organization founded?*

Character Limit: 6

Organization Mission Statement:*

Character Limit: 1000

Please upload a copy of your most recent audited financial statements.*

If you do not have an audit performed annually, please upload a copy of your most recent 990 tax filing.

File Size Limit: 5 MB

Is the program for which you are requesting funding a new or existing program?*

Choices

Yes, this program already exists within our organization

No, this is a brand new program or an extension of a previously established program

What counties do you serve? Please check all that apply*

Choices

- Banks
- Dawson
- Fannin
- Forsyth
- Franklin

- Gilmer
- Habersham
- Hall
- Hart
- Jackson
- Lumpkin
- Pickens
- Rabun
- Stephens
- Towns
- Union
- White
- Other

Please select the county in which your organization is headquartered?*

Choices

- Banks
- Dawson
- Fannin
- Forsyth
- Franklin
- Gilmer
- Habersham
- Hall
- Hart
- Jackson
- Lumpkin
- Pickens
- Rabun
- Stephens
- Towns
- Union
- White
- Other

Other Counties Served

Please list any other counties that you serve:*

Character Limit: 250

Headquarters Location

Please list the county in which your organization's headquarters is located:*

Character Limit: 250

Program Start Date

How long has this program been established?*

Please list the date and/or year that your program was established.

Character Limit: 250

Program Information

How will the requested funding be used?*

Character Limit: 2500

When will the requested funding be used?*

Please provide a specific date range, i.e., November 1 2022 - December 31, 2022 or January 1, 2023 – March 31, 2023.

Character Limit: 1000

How does your program impact children and youth in Northeast Georgia?*

Character Limit: 1500

How many children/youths in Northeast Georgia will be impacted by your program?*

Character Limit: 10

Will the amount you are requesting fund the program completely or is additional funding required?*

Please include in your explanation additional funding sources that are available to you, e.g., matching grant funding, pending grant applications, etc.

Character Limit: 1000

Previous Hart-Joiner Endowment Funding Information

Have you received funding from the Dr. Hart Joiner Endowment for Children & Youth in the past?*

Choices

Yes

No

Previous Funding Description

Please list the year, award amount and program for all past awards from the Hart-Joiner Endowment.*

Example:

2019 - \$2,500 Rotary Club Youth Leadership Camp

2020 - \$3,000 High School Mentor Program

Character Limit: 1000

Rotary Club of Gainesville Membership

Are any of your organizations' staff or board members a member of the Rotary Club of Gainesville?*

Choices

Yes

No

Rotary Club of Gainesville Member Listing

Please list the name of any staff or Board currently a member of the Rotary Club of Gainesville.*

Please include any Rotary leadership positions in which they may currently be elected.

Example: Staff Jane Doe - President Elect or Board Member John Doe - Treasurer

Character Limit: 200

Additional Information

Is there any other information you would like the review committee to consider about your request?

Character Limit: 1500

Signature

By signing below, I declare that I am authorized to complete this application and assure that any funds received as a result of this application will be used only for the purposes stated.

I certify that the information contained in this application and its attachments are, to the best of my knowledge, true and accurate.

Signature:*

Character Limit: 100

Date:*

Character Limit: 10