

# \$1,000 GRANT APPLICATION

## Networking To Help Children, Inc.

2725 PGA Blvd.

Palm Beach Gardens, Florida 33410

EIN# 471244314

FULL LEGAL ORGANIZATION NAME		YEAR ESTABLISHED	501 ( c ) ( 3 ) ?		IF YES, EIN
			YES	NO	
ADDRESS					
		TOTAL ORG. BUDGET	IF NO, PROVIDE FISCAL SPONSOR INFORMATION		
WEBSITE	PHONE		SPONSOR NAME	EIN	
EXECUTIVE DIRECTOR NAME		TITLE	FISCAL YEAR	SPONSOR ADDRESS	
EMAIL ADDRESS		PHONE	MONTH		
ADDITIONAL POINT OF CONTACT NAME		TITLE	DAY	TOTAL # BOARD MEMBERS	
				TOTAL # FULL TIME STAFF	
EMAIL ADDRESS		PHONE		TOTAL # PART TIME STAFF	
				TOTAL # VOLUNTEERS	
ORGANIZATIONAL MISSION STATEMENT					
BRIEF ORGANIZATION DESCRIPTION					

BRIEF OVERVIEW OF POPULATION SERVED

GRANT NAME	GRANT ID	CHECK CYCLE	SUBMISSION DEADLINE
NHC CYCLE ONE 2024	2024 GC ONE 1K		MARCH 1,2024
NHC CYCLE TWO 2024	2024 GC TWO 1K		AUGUST 30, 2024

PRINTED NAME OF AUTHORIZING PARTY

AUTHORIZING SIGNATURE DATE

**Project Description, Cost and Amount Requested**

**Statement of Need...tell us why the project is needed in the community**

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Statement of Support...who in the community supports this type of project or service

What are the Objectives and Goals of this Service or Project?

Methodology...How will you implement this service in your community?
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What is the immediate Impact? Be specific... If awarded funding, how will the funds impact individuals or families's lives? How many people will it impact? How will awarded funds impact the community at large?

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What is the long term Impact?

Is the organization applying for other funding?

EVALUATION

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STAFF QUALIFICATIONS AND RESPONSIBILITIES

NAME

ROLE

TASKS

NAME	ROLE	TASKS

Additional Information

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CONCLUSION