

THE AMHERST CLUB

SPRING TO LIFE CABARET 2016 GRANT APPLICATION FORM

(SEE REVERSE SIDE---USE THIS SHEET OR ATTACH SEPARATE SHEETS---SEE REVERSE SIDE)

Submit the following information on or before **Friday, December 4, 2015.**

Name of Organization and Year Founded:

Description, Mission, Locale Served:

Major Contacts--Include Name, Title, Phone, E-Mail:

Contact person regarding this application:

Description of Population Served:

| | <u>FY 2014</u> | <u>FY 2015</u> |
|---|----------------|----------------|
| Total Number of Clients Served: | _____ | _____ |
| Number of Amherst Clients Served: | _____ | _____ |
| Approximate Number of Volunteers Serving: | _____ | _____ |
| How are volunteers used? | | |

AMOUNT REQUESTED: _____

| | <u>FY 2014</u> | <u>FY 2015</u> |
|---|----------------|----------------|
| Total Cost of Program for which Funds Are Requested: | _____ | _____ |
| Percentage of Requested Amount to be used for Direct Service: | _____ | _____ |
| Major expense or income changes in last two years, if any: | | |

Major Sources of Funds during the Past Year:

DESCRIPTION OF PROPOSED PROJECT: (Use this or separate sheet.)