



P.O. Box 403
Camden, SC 29021
info@associatedcharities.org

GRANT APPLICATION FORM

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Key Contact Person: _____

Telephone: _____ Home Work Cell

Give a brief summary of the purpose of the grant: _____

List any other agencies who will assist with funding this project:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Amount requested for this grant: \$ _____

Time span for project: From _____ through _____

Submitted by: _____

Title/Position: _____

Date of Request: _____