

GF Nation Fund, Inc.

2019 Grant Application Form

Mission Statement:

Our mission is to enhance the development of the students of the Glens Falls School District through financial support of its K-12 extracurricular programs, including the arts, music, clubs, and athletics.

In the case of the Glens Falls School District, requested funds are distributed **only** for projects that are considered by our governing Board of Directors to be outside of the normal operational school budget.

Please Submit This Request by May 15th or November 1st for June or December Distribution.

Applicant Name: _____ Title: _____ School: _____

Phone: _____ Email: _____

Amount Requested: _____ Project Start Date: _____ Project Completion Date: _____

Number of People Benefiting (Approx): _____

Brief description of the project or activity for which the requested funds will be utilized:

The Applicant provides assurance that:

1. The activities and services for assistance sought will be administered by or under the supervision of The Applicant.
2. The funds received by The Applicant will be used in accordance with this request only.
3. The Applicant recognizes that the Glens Falls Nation Fund, Inc. reserves the right to withhold or recover grant funds in any case where funds are either determined to be or appear to be misused.
4. The Applicant agrees that any publicity associated with this project will clearly indicate the funding was provided by GF Nation Fund in an effort to help us further advance our mission in the future.
5. The Applicant agrees to provide a final written report and accounting as to how the funds were used within 30 days of the project completion date herein.

Applicant Signature: _____ **Date:** _____

School Administrator: _____ **Date:** _____

Superintendent: _____ **Date:** _____

Please email completed form to: gfnationfund@gmail.com