

GRIFFIN+SPALDING BUSINESS & TOURISM ASSOCIATION

Grant Application

COVER SHEET

This sheet must be completed and returned with the Application. Please make no substitutions for this sheet.

Name of Organization: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ State _____ Zip _____

Telephone Number: _____ FAX: _____

E-Mail Address: _____

Amount Requested: _____

Date(s) Required: _____

This Grant Application is for the calendar year _____.

+++Grant funds must be disbursed within one year of funds awarded.