

The Little City CATCH Foundation Grant Application, Falls Church, VA

This Grant application is for a Project Grant or Operations Support Grant? _____

Dates of Planned Expenditures:

From:		To:	
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Grant Name/Title: _____

Grantee: _____
Address: _____

Contact Name: _____ **Telephone** _____

Grant Request Amount: _____

Attach eligibility checklist, a description of the grant activity, project budget (or for operations grant-last annual budget), grant benefits and documentation.
Submit completed applications to: TheLittleCityCATCHFoundation@gmail.com

All reimbursement requests must include copies of supporting invoices, receipts and timesheets and program reports (as applicable).

Signature: _____

Name: _____

Title: _____

Date: _____

TLCCF Grant Eligibility Checklist (2017)

1. Organization Name: _____
2. The core mission of this organization is the research, production, presentation, exhibition, education or performance in arts, culture, theater or history? _____
3. Is the organization in compliance with all local, state and federal laws? _____
4. What is organization designation under IRS Section 501 rules? _____
5. If not currently a IRS 501(c)3, has that been applied for on behalf of the organization? _____
6. Is the organization located in and have an address of record in the City of Falls Church? _____
7. For the programming or activities, are at least 60% of these in the City of Falls Church? _____
8. The organization operates, exhibits, meets and rehearses in the City of Falls Church? _____
9. The percentage of your Board and Officers who reside or work in the City of Falls Church?

10. The percentage of normal audience members that reside in the City of Falls Church? _____
11. Does the organization have independently prepared financial statements? (Audited for those organizations with annual expenses of \$500,000 or more). _____
12. The organization has submitted all reports that are required from any prior TLCCF grants? _____
13. Has the organization received prior funding from TLCCF Grants? _____ If yes, what is the most recent year? _____ And the Amount? _____

I certify that the information provided above is correct and the organization meets all of the eligibility requirements of TLCCF ordinance, guidelines and application.

_____ Signature _____ Date

Print Name and Title _____

Description of Grant Project

Grant Benefits and Documentation (if any)