



Long-Term Recovery Grant Cover Letter

Organization Name: _____

FEIN: _____ Telephone: _____

Mailing Address: _____

Name of LTR Program: _____

Designated Contact Information:

Name: _____

Email: _____ Telephone: _____

If working with another organization(s), please include Name of organization, FEIN, Telephone and Mailing Address below (also indicate if its a collaboration or partnership / if partnership please include both Annual budgets & mission statements and you will need page 2 signed by both agencies) :

Agency Questions:

1. Do you have an active 501(c)3 designation or government tax status in the State of Georgia? _____
2. Do you hold a Charitable Organization Permit from the Secretary of State of Georgia? _____
3. What is your organization's annual budget? _____
4. Please list your organization's mission statement:



Long-Term Recovery Grant

Application for a grant award is contingent upon accepting the following terms:

1. Grant Funds must support only the activities that were described in the original grant application.
2. Grants must include an itemized budget to be considered.
3. Your agency must provide The Coweta Community Foundation with a final written report on your organization's completion of the project or program, or we will rescind the grant that has been given. A simple report will be due within 90 days and 120 days of receiving the grant to help document and communicate these funds' local impact. If all grant expenditures have not been made within that 120-day period, the report shall specify how the remaining funds will be used and a deadline for a final report to the Coweta Community Foundation following the complete expenditure of funds from the grant.

Applications will be evaluated by a review committee and notifications of award will be sent within 10 business days. Funds will be disbursed within two weeks of award notification. In order to be eligible to apply for, and receive, a Coweta Community Foundation Tornado Relief Grant, a program must:

- have an active 501(c)3 designation or government tax status in the State of Georgia
- hold a Charitable Organization Permit from the Secretary of State of Georgia
- identify a need and a clear plan for utilizing funds to address that need.
- serve only Coweta residents
- support one of the four categories: Housing, Family Welfare, Health or Basic Need

** Extra consideration will be given to organizations working in collaboration with another 501(c)3

4. The Coweta Community Foundation may publicize your agency's name, address, grant award amount and the purpose of your grant without prior notification to your agency. The Foundation may publicize pictures and other information about your program independently gathered for use in publications in local media, campaign letters, brochures, website, Facebook page and any other media used by The Foundation.
5. Your agency agrees to list The Coweta Community Foundation as a funding source in all publicity that names funding sources or sponsorships of your agency. In addition, all program advertisement, social media and or Press Releases for the program, will list The Coweta Community Foundation Disaster Relief Fund as the funding source for the program.
6. The Coweta Community Foundation reserves the right to delay or withhold distribution of award funds if your organization commits programmatic or financial impropriety or fails to comply with the terms of this agreement. Funds will not be distributed until the issue(s) is/are resolved to the satisfaction of The Foundation.
7. The Coweta Community Foundation can terminate the grant agreement if your agency fails to comply with Federal, State and Local laws and regulations, this grant agreement, or if your agency ceases to operate.
8. No Coweta Community Foundation funds will be used for purposes prohibited by law.
9. The Coweta Community Foundation Board of Directors and/or Executive Director can request an audit or request to see the Program in person with a 24 hour notice anytime during the grant cycle.

The application is not complete until this agreement has been signed by all parties and returned to The Coweta Community Foundation. By signing this page your agency acknowledges all of the terms above. Should your agency not use the funds for the stated purpose by the expected completion date, it is understood that you will be required to return the grant award received back to The Foundation upon our request.

Executive Director of Agency

Date: _____

Chairman of Board of Agency

Date: _____