



NON-PROFIT SOCIAL SERVICE AGENCY GRANT APPLICATION

Agency Name: _____

Mailing Address: _____

Contact Person and Title: _____

Phone Number: _____

E-Mail Address: _____

Federal Employer ID No. _____

Amount Requested \$ _____

1. Describe briefly the services provided by your agency to the citizens of Newport. (Use additional pages if necessary.)

2. Describe your organization's target client population (cultural diversity, age, income, sex, special needs, family structure, qualifications, etc.). (Use additional pages if necessary.)

3. How long has your organization been in existence?

4. What is your organization's goal or purpose in providing services? (Use additional pages if necessary.)

5. What is your organization's procedure for making client referrals for additional services and services you are unable to provide? (Use additional pages if necessary).

6. Describe any specific challenges, limitations, or restrictions that your organization faces in serving its clients. (Use additional pages if necessary.)

7. How has your current organizational budget changed from last year's budget (i.e., new programs started, significant changes in expenditures or funding sources, agency restructuring, etc.) (Use additional pages if necessary.)

8. How will your organization use the requested funds if your grant is approved? (Use additional pages if necessary.)

9. What sources of financial support, in excess of \$2,500, did your organization obtain within the past 12 months? (Use additional pages if necessary.)

Source	Amount Obtained
--------	-----------------

10. Describe, on separate pages, how your programs and facilities are accessible under the Americans with Disability Act requirements. If not accessible, provide a plan for making programs and facilities accessible.