



## 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.)

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

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3. How long has your organization been in existence?

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

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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).

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

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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.)

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

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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
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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.