

## Altamont Community Grant Application

Altamont Community Tradition (ACT) P.O. Box 685, Altamont NY 12009 518.861.6392  
altamontcommunitytradition@yahoo.com

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Describe your organization and include evidence of non-profit status. If you have a mission statement attach a copy to this application.

Describe your project including the following:

- Project Description:

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- How your program/project will directly benefit the Altamont community:

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- Is the purpose of the grant non-recurring in nature, e.g., new programs or activities, or events, expansion of existing programs or activities, or capital needs. Please explain.

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- Please provide a detailed breakdown of project/program expenditures for which grant funds will be used, including specific services or materials, sources, quantities and cost.
- Provide photos, drawings and any other documents which support use of requested funds.

Grant amount requested (not to exceed \$500): \$ \_\_\_\_\_

Expected use date (must be prior to December 31, 2022): \_\_\_\_\_

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### Terms and conditions:

- The proposed recipient will be a local (Altamont area) organization or chapter of a statewide or national organization with a priority given to local programs.
- The organization, program, or project will directly benefit the Altamont community.
- The applicant organization is non-profit in nature (501c3), a school, church, or recognized government entity (such as fire department or law enforcement) using grant for public purposes.
- The purpose of the grant will be non-recurring in nature, e.g., new programs or activities, events, expansion of existing programs or activities, or capital needs are preferred.
- Recipient must use grants by December 31 of the granting year.
- Recipients must send documentation (photos, letter, etc.) of use.
- All grants will be voted on by the full Board. Board members with interest in the grant will recuse themselves.

\_\_\_ I agree to abide by the terms and conditions:

Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed application to:

Community Grant Committee  
Altamont Community Tradition (ACT)  
P.O. Box 685  
Altamont, NY 12009

Or email to: altamontcommunitytradition@yahoo.com