

SMYRNA CHARITY ASSISTANCE FUND - APPLICATION SUMMARY – 2016

Please complete the following information and submit this form along with your documentation.

Name of Organization: _____

Address: _____

Contact name and phone number: _____

Purpose of Organization / Mission Statement:

Amount of funds requested: _____

Be specific - How will funds be used?

Amount received from Smyrna Charity Assistance Board in 2015: _____

Number of clients assisted in 2015: _____

Number of Smyrna residents assisted during 2015: _____

Estimated projection of Smyrna residents assisted for 2016: _____

Percentage of organization's total funds which directly benefit clients (do not include administration and overhead): _____

Percentage of organization's total funds that go to administration and/or overhead (salaries, supplies, building costs, utilities): _____