



Discretionary Grant

Total Program Cost \$ _____

Grant Request \$ _____

The undersigned hereby certifies that:

- The information included with this application is correct to the best of your knowledge.
- The organization's 501(c)(3) is not revoked, canceled or modified.
- Funds will be used for the purpose outlined in the application as agreed to by both parties.

Signature _____

Date _____

Printed Name _____

FOR GCF OFFICE PURPOSES ONLY

Signature _____

Date _____

Amount Granted \$ _____