

FORM B — Grant Decision Report: Due April 16th

Complete a separate Grant Decision Report for **each** grant the roundtable makes. All information is needed for approval.

Penny Harvest School Information:

District _____ School Name _____
Roundtable Name _____ Project Name (if applicable) _____

Grant Recipient Information:

501 (c) 3 Nonprofit; Individual; School; Other
Organization's/Individual's Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Country: (if not USA) _____
Contact person: (Must have a contact to mail check) _____
Title: _____ Phone: (_____) _____
Fax: (_____) _____ Email: _____

1. Has the school's Penny Harvest donated to or partnered on a service project with this organization in the past?
 Yes No If yes, how many times? _____
2. Please check one of the following two options:
 If your grant is for an organization, check here to confirm that you have attached the organization's 501(c) 3 IRS letter. Ask the organization to provide this for you. If a 501(c)3 is not available, what is the organization's Employee Identification Number (EIN)? Format: XX-XXXXXXX: _____ - _____
 If your grant is to an individual, please record his/her social security #: _____ - _____ - _____

Grant Information:

1. This grant is a: Service grant—a grant involving any form of student service (ie: purchasing supplies, assembling baskets, etc.)
 Community grant – a straight check made to an organization that addresses a community need
2. Grant Amount: \$ _____ 3. Check payable to: _____
3. Is there a specific program or project you would like the money to be used for: Please list Program Name or exact desires of how your students would like the funds to be used: _____

4. What community need does this grant or service project seek to address? (*Check one that best describes grant*)
The Elderly The Environment Children
Human Rights Disaster Relief Health
Animals
6. On a separate sheet of paper, please provide the following information about the grant: (1-2 paragraphs total)
 1. A brief description of the organization being funded (its mission, what services it provides to the community).
 2. If you are funding an individual, please describe the exact purposes of the grant and how the funds will be used.
 3. Describe how the grant will address a genuine community need (Ex: provide sick children with medicine, give shelter to homeless animals; help a family pay for medical bills, etc.
 4. How will the students benefit from making the grant?

For those funding a Service Project Grant ONLY

1. Please check the box that best describes your service: One-time project Ongoing throughout the year
 An annual project Other- explain: _____
2. When do you plan on implementing project. Please give specific date(s): _____
3. **On a separate sheet of paper, please provide a simple **budget** itemizing the expenses associated with the project, as well as a brief description of the project (Who, What, Why).**