

GEORGIA

HUMANITIES

COUNCIL

2010-1013 Application for Qualification

Please submit form to GHC before applying for grant. Responses may be hand-written.

Organization Name _____

Address _____

Website and phone number _____

1. Briefly describe the goals, objectives, and mission of the organization. Please include fliers or other literature that may help provide additional information about your organization.

2. Please attach a current list of organization staff members and board of directors.
If your organization has a team of volunteers, please list who oversees them.

3. Is the organization: _____ Non-Profit _____ For-Profit

 _____ Private _____ Public

4. If private, is it incorporated? _____ Yes _____ No

5. Please list the Federal Congressional District number as well as the Georgia House and Senate District numbers for the area where the organization is located.

6. In which Georgia county is the organization is located?

7. Who will serve as the project director for any grants applied?

Name _____

Title _____

Address _____

Telephone _____

E-mail _____

8. Who is the authorizing official for your organization?

Name _____

Title _____

Address _____

E-mail _____

Telephone _____

Signature _____

Date _____

Please return signed, completed form, with attachments to the: Georgia Humanities Council
50 Hurt Plaza, Ste. 595
Atlanta, GA 30303-2915
404-523-6220
www.georgiahumanities.org