

GEORGIA
HUMANITIES
COUNCIL

Application for Qualification

**This form must be on file before submitting a grant application to the Council.
Before completing this form, please call to see if there is already one on file for your organization.**

Name of Organization _____

Address _____

1. Briefly describe the goals, objectives, and mission of the organization.

2. Please attach a current annual report of your organization or other materials describing the activities of your organization.

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

_____ Private _____ Public

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

5. Congressional district where the organization is located?

6. County where the organization is located?

7. Which official of your organization has been designated to assume administrative and fiscal responsibility for grants?

Name _____

Title _____

Address _____

Telephone _____

This application has been submitted by the following authorizing official:

Name (please type) _____

Title _____

Address _____

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