



**2017 Holiday Market  
CHARITABLE FUNDS APPLICATION**

***DEADLINE FOR APPLICATION IS DECEMBER 31, 2017***

Mail your completed application to: **Holiday Market-** P.O. Box 1341, Jasper, GA 30143  
or Complete via our website: [www.holidaymarketinjasper.com](http://www.holidaymarketinjasper.com)

**SECTION 1**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address / Website: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_  
*(Required for all applications)*

**SECTION 2**

Organization Mission: \_\_\_\_\_

County or Counties you serve: \_\_\_\_\_

Describe the impact of your organization on the community you serve: \_\_\_\_\_

**SECTION 3**

Describe the problem/situation these funds will address: \_\_\_\_\_

Amount of funds requested: \$ \_\_\_\_\_

Describe *specifically* how these funds will be spent: \_\_\_\_\_

List existing and other potential funding sources for this activity: \_\_\_\_\_

**SECTION 4**

Does your organization hold 501(c)(3) status? Yes / No

Does your organization hold an annual fundraiser for special projects or general operation expense? If yes, please provide details: \_\_\_\_\_

**SECTION 5**

If funded, you are required to submit to the Holiday Market a Funds Summary at completion of the project, or after one year, whichever comes first, describing how the funds were used. Send the Funds Summary to the address noted below. *Failure to submit this report may preclude your organization from future fund consideration.*

If funded, the Holiday Expo ask that you agree to buy / sell 5 tickets (\$20 each) to the 2017 Holiday Market Friday Night Preview Sale and Extravaganza and volunteer at either the Friday night event or Saturday market. As a benefactor, we ask that you be a “ cheerleader” for our event by promoting and supporting our continued efforts to “ give back” to our community.

The information contained in this application is for the purpose of obtaining funding from the Holiday Market on behalf of the named organization. The undersigned understands that the information provided herein will be used to evaluate the application, and the undersigned represents and warrants that the information provided is true and correct. Authorization is granted to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

ORGANIZATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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***INTERNAL INFORMATION***

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Accepted / Declined: \_\_\_\_\_

Notification: \_\_\_\_\_

Funds Disbursed: \_\_\_\_\_

Funds Cashed: \_\_\_\_\_

Summary Received: \_\_\_\_\_

In Good Standing: Yes / No

***2016 Benefactors:***

Angels on Horseback, North Georgia Pregnancy Center, Boys & Girls Clubs of Pickens County, Pickens FERST Foundation for Childhood Literacy, The HOPE House, Miss Pickens County and Miss Northeast Georgia Scholarship Program, Rotary Club of Jasper, Pickens County Health Department – Children’ s Car Seat Program, North Georgia Mountain Crisis Center, Habitat for Humanity, Prevent Child Abuse Pickens, and Youth Leadership Pickens - Pickens County Chamber of Commerce.