



# EQUIPMENT GRANT REQUEST FORM

Name of individual representing organization: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

**Directions:** Please answer the questions below and attach *one* of the following:

- a copy of your organization's non-profit recognition letter from the IRS,
- a copy of your organization's certificate of incorporation,
- or a narrative explaining why Free I.T. Athens should consider this request.

Applications may be sent to [contact@freeitathens.org](mailto:contact@freeitathens.org) or P.O. Box 81931 Athens, GA 30608. Incomplete applications will not be considered.

1. Briefly describe your organization's history and purpose.

2. Describe how granted equipment will help your organization.

3. Describe your grant request (e.g. number of desktops, keyboards, ect.).

4. Describe what your organization can budget towards this equipment. Donations are appreciated. Money donated to Free I.T. Athens goes toward operational costs and expansion of programs.

5. Does your organization follows the laws laid forth by the Equal Employment Opportunity Commission?

yes

no

### **Acknowledgement and Affirmation of Grant Policies**

By signing below, I (Printed Name) \_\_\_\_\_ of (Org. Name) \_\_\_\_\_ on this date \_\_\_\_\_ acknowledge, understand and agree to comply with possible periodic reviews of equipment usage and implementation as well as agree to allow Free IT Athens, Inc. to publicize granting of equipment and/or how granted equipment is to be used. Furthermore, I understand that this application is for review by Free IT Athens, Inc. and in no way a guarantee of grant acceptance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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### **For Internal Use Only**

Approved

Denied

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

Date distributed: \_\_\_\_\_

Signature of staff member: \_\_\_\_\_ Date: \_\_\_\_\_