

Print this form, complete (please print or type) and submit it with your grant proposal to your local Guaranty Title Services, Inc. office manager. (Go to [Guidelines](http://www.titleservice.com) for details, www.titleservice.com.)



Guaranty Title Services, Inc. Grant Application

Legal Name of your Nonprofit Organization: _____

Address: _____

City, State and Zip: _____

Authorized Contact Person (Prefix, First Name, Last Name): _____

Authorized Contact Person (Title, Phone, Fax): _____

Type of Organization: _____

Email Address: _____

Year Founded: _____

Total Current Operating Budget: _____

Primary Source of Funds: _____

Funding? _____

Prior Guaranty Title Services Donation? _____

No

Yes

Amount

Year

Is your Organization TAX EXEMPT Under IRS 501(c)(3)?

NO YES → this is our EIN No. _____ - _____ (If yes, please attach IRS Letter with EIN # to this form)

Application is Pending (If approved, grant cannot be paid until permanent ruling is received)

If you answered NO to the question above, Is Your Organization Part of a Municipality?

NO YES → Name of Municipality _____

(i.e., part of city, state, town or county government. Examples are: Public school system, city recreation departments, county council on aging, mental health, etc.)

Grant Amount Requested: \$ _____

Total Project Cost: \$ _____ Number Served by Project: _____

Project Time Period: _____ Geographic Area Served: _____

Source of Other Funds to Support Project: _____

Short Summary of Project/Grant Request – proposed use of contribution: _____

Internal Use Only

Local GTS Funding Recommendation \$ _____

Local GTS Manager

Signature _____

Signature of Contact Person

Date