2024 Grant Application for Non-Profit Organizations

Date Application Submitted:			
Legal Name of Or	ganization:		
Executive Directo	r/President/Principal:		
Phone:	Email:		
Administrative O	ffice Address:		
City:	State:	Zip:	
city limits of Ser	the services your organization offers and minole that benefits city residents:	·	
2. How many City of Seminole residents were provided service/assistance by your organization between January 1, 2023, through December 31, 2023? (You may attach additional sheets if needed)			
3. Please provide a		at you are requesting from the City of Seminole, iou may attach additional sheets if needed)	
4. Amount requeste	ed:		
		ng your non-profit status and your et. (Pinellas County Schools do not have to	
<u>Deadline:</u> All requ 2024-2025 funding		ne 1, 2024, to be considered for the Fiscal Year	
Please submit Gra	•	Clerk Ann Marie Mancuso, at 9199 – 113 th Street <mark>ole.com</mark> .	
This grant applica	tion is being submitted by:		
NA	<u>ME</u>	TITLE	