

The 24 Group

RECOVERY SUPPORT ASSISTANCE GRANT APPLICATION

Please complete all items. If any do not apply to your organization, specify which are not applicable and why.

Complete legal name of organization:

501(c)(3)#:

Address:

City, State, Zip:

Contact Name:

Contact telephone number:

Contact email address:

List of current board members and affiliations:

Mission statement of the organization:

Summary of how grant will be used to benefit youth/young adults up to age 25 that is consistent with The 24 Group's mission (Note: funds cannot be used for general operating support):

Geographic area served:

Description of the program where grant will be used, type of persons served, # typically served on annual basis:

How will the impact of this grant support be measured?

How is your program different from others?

List other sources of funding obtained, pledged, or requested to support this program:

Please include the following documentation:

- Copy of 501(c)(3) documentation
- Current operating budget of the organization
- Annual report (if available) or yearend financials for most recently completed fiscal year

Note: If submitting application by email, additional documentation may be sent through postal mail if not available electronically to The 24 Group, 11715 Fox Rd, Ste 400-131, Indianapolis IN 46236