

The 24 Group
RECOVERY SUPPORT ASSISTANCE GRANT APPLICATION
FOR CURRENT GRANTEES

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 (*Not required if no changes from your previous application*):

Summary of how current grant from The 24 Group has been 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), and how the organization proposes to use a new grant, if awarded:

Geographic area served (*Indicate if no changes from your previous application*):

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:

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

Please include the following documentation:

- Copy of 501(c)(3) documentation (**only required if there has been a change in your nonprofit status since your last application**)
- Current operating budget of the organization
- Current annual report (if available)

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