

GRANTS TO YOU (GTU)
Chapter Application Form

Date: _____ Chapter Title: Grants To You -

Name: _____ Phone: _____

Chapter Street Address: _____

County / City / State / Zip _____

Chapter E-mail: _____ Other Phone: _____

Describe Your Interest in Starting and Operating a Chapter: _____

Checking Account Information:

Closest Bank of America Branch Name _____

Address _____

Phone _____

Branch Bank Number _____

A. GUIDELINES FOR STARTING A GTU CHAPTER

- | | |
|--|-------|
| 1. Is there a Community Foundation in your community? | Y / N |
| 2. Is there a United Way chapter(s) in your region/community? | Y / N |
| 3. Do you have some knowledge of grant writing / research? | Y / N |
| 4. Are you willing and able to devote whatever time is necessary to make your chapter successful? | Y / N |
| 5. Do you have some experience in starting and / or operating a small for profit or nonprofit business? | Y / N |
| 6. Are you familiar with and/or have ties to local non-profit agencies in your community? | Y / N |
| 7. Are you willing to ensure that the annual GTU financial reporting requirements are met? | Y / N |
| 8. Are you willing to provide no less than (3) training classes annually of no less than 9 hours each, utilizing experienced grant writers/researchers as instructors? | Y / N |

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9. Do you feel that you have the resources and capacity to schedule your first training class within 180 days of becoming a GTU Chapter? Y / N
10. Have you read and do you understand the Licensing Agreement provided on this WEB site? Y / N
11. Are you able to pay GTU National an annual licensing fee of 3% of all prior year revenues by the 31st of January? Y / N

B. LEARNING MORE ABOUT YOU

Formal Education (check highest level)

- High School
 College Attendee
 College Graduate
 Graduate School Attendee
 Graduate School Degree

What are you doing now?

- Retired
 Working full time
 Working part time

List some job titles you held when you were working full time: _____

Thank you for taking the time to review our WEB Site. If you have completed this application and are comfortable and ready to start your chapter, please:

- Scan/E-mail the signed and dated Application to info@grantstoyou.org or snail mail to the mailing address below.
- Scan/E-Mail the signed and dated Licensing Agreement to info@grantstoyou.org or snail mail to the address below.

Paul Baskin
Grants To You
4926 Antelope Drive
Prescott, AZ 86301

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In return, you will promptly receive a user name and password that will enable you to immediately enter the restricted area of your GTU Chapter WEB Site. On that site, you will be able to pull down what you will need to start and operate your Grants To You Chapter. You will also receive an e-mail letter of acknowledgement, and a Greeting Package.

If you have questions or concerns, please call Paul Baskin at (928) 776-7976, and thank you for your interest in helping your community.

Sincerely,

Paul Baskin, Founder and President