GP Georgia-Pacific

ORGANIZATION INFORMATION   CONTACT INFORMATION   APPLICATION   ATTACHMENTS   Review My Application

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Please correct the problems indicated below.

- Address is a required field.
- City is a required field.
- State is a required field.
- Zip Code is a required field.
- Organization Overview is a required field.
- Enter the number of miles your organization is located from the GP facility.
  For a list of facilities Click Here. To verify your distance from a facility Click Here for MapQuest is a required field.
- GP Facility Name is a required field.
- GP Investment Area (4Es)
  Will the project or program for which you are requesting funding make a significant impact in one of the four key areas? is a required field.
- Project Title is a required field.
- Project Description is a required field.
- Measurable Outcomes is a required field.
- Target Audience is a required field.
- Number of People Impacted is a required field.
- Gender is a required field.
- Are you applying for multiple grants? is a required field.
- W-9 is a required field.
- IRS 990 Page 1, IRS 990N, or Georgia-Pacific Government Entity Confirmation Form is a required field.
- Are you part of a national organization? is a required field.

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

ORGANIZATION INFORMATION   **Printer Friendly Version | E-mail Draft**

* Required before final submission

* **Organization Name**

Globe Academy Inc

* **Address**
⚠ This is a required field.

* **City**   * **State**   * **Zip Code**
⚠ This is a required field.   ⚠ This is a required field.   ⚠ This is a required field.
                                     - Select One - ▾

Website

* **Federal Tax ID Number**

27-1366277

* **Organization Overview**
Brief description of organization's mission and history
⚠ This is a required field.
                                                                                                    ✓

* **Organization Type**

-K-12 Public ⌄

* Annual Operating Budget

0 . 00

* **Enter the number of miles your organization is located from the GP facility.**
For a list of facilities Click Here. To verify your distance from a facility Click Here for MapQuest
(Approximately 30 mile radius)
⚠ This is a required field.

* GP Facility Name
⚠ This is a required field.

[   ] [Search] **Reset**

- Select One - ⌄

CONTACT INFORMATION

Primary Contact for this Request

Prefix   **First Name**   **Last Name**
- Select One - ⌄

Title

E-mail

Office Address

City   **State**   **Zip Code**
                                     - Select One - ⌄

Phone   **Fax**   **Mobile Phone**

Leadership Contact
President/CEO/Executive Director/Board President

Prefix   **First Name**   **Last Name**
- Select One - ⌄

Title

Office Phone   **E-mail**

APPLICATION

GP Investment Area (4Es)
* Will the project or program for which you are requesting funding make a significant impact in one of the four key areas?
(Select only one area)
⚠ This is a required field.

- Select One - ⌄

* Type of Support

[General Operating ▾]

* Project Title

⚠ This is a required field.

[   ] ✓

* Project Description

⚠ This is a required field.

[   ] ✓

* Measurable Outcomes

⚠ This is a required field.

[   ] ✓

* Geographical Area Served

[Georgia ▾]

* Target Audience

⚠ This is a required field.

[- Select One - ▾]

* Number of People Impacted

⚠ This is a required field.

[   ]

* Ethnicity

[All ▾]

* Gender

⚠ This is a required field.

[- Select One - ▾]

* Project Budget

[0] . [00]

* Request Amount

[0] . [00]

Other Corporate Sponsors

Provide a list of organizations that have committed support for this project.

[Choose File] No file chosen

[Upload]

* Are you applying for multiple grants?

⚠ This is a required field.

[- Select One - ▾]

ATTACHMENTS

List of Board Members - *If applicable*

Include Name, Company Affiliations, Title

[Choose File] No file chosen

[Upload]

* W-9

(Rev. December 2014) version of the IRS W-9 form is required.

If you are selected as a Winner and you did not upload the IRS W9 (Rev. December 2014) version, then your check may be delayed.

Choose file first, then select Upload
⚠ This is a required field.

[Choose File] No file chosen
[Upload]

* IRS 990 Page 1, IRS 990N, or Georgia-Pacific Government Entity Confirmation Form

You must attach one of the following:

- If your non-profit organization is required to file an IRS 990, you must upload IRS 990 Page 1.

- If your non-profit organization is NOT required to file an IRS 990, you must upload IRS 990N.

- If your organization is operating under a local, state or federal government entity, you must complete and upload the GP Government Entity Confirmation Form.

⚠ This is a required field.

[Choose File] No file chosen
[Upload]

* Are you part of a national organization?

Example: Chapter or affiliate operating under a national organization's Federal Tax ID

⚠ This is a required field.

[- Select One - ▾]

If you are part of a national organization, complete and upload the Georgia-Pacific Nonprofit Affiliate Confirmation Form:

Click Here for the GP Nonprofit Affiliate Confirmation Form

[Choose File] No file chosen
[Upload]

IRS 990 Schedule A Page 1

If your non-profit organization is required to file an IRS 990, you must upload IRS 990 Schedule A Page 1.

[Choose File] No file chosen
[Upload]

IRS Tax Determination Letter, if applicable

[Choose File] No file chosen
[Upload]

[Save & Finish Later]　[Update]