



# Grant Application

## 2012

### General information

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone: \_\_\_\_\_

Project Title \_\_\_\_\_

### Request for funds

- All applications must use this completed form as the cover page.
- On a separate page, please list your board members or principals.
- Complete the Foundation's application budget page and attach to your application.
- Please do not include any supplemental materials (brochures, letters of support, etc.)
- Using no more than two, 8½ X 11 single-sided sheets of paper, please tell us about your proposal. Be sure to include the following, and label the information by letter in your narrative:
  - a) The mission or purpose of your organization or group
  - b) A definition of the need, including how the need has been determined
  - c) The targeted population
  - d) A description of the project
  - e) Your expected results
  - f) Your timetable and process for achieving results
  - g) How you will evaluate the success of your proposal

**Type of grant requested** (see grant guidelines- [www.communityfoundationforcloudcounty.org](http://www.communityfoundationforcloudcounty.org))

Project/Program  Capacity Building  Seed Money  Capital  Operating  Endowment

### Financial information

Time period of your project: From \_\_\_\_\_ to \_\_\_\_\_ Date when funds will be needed: \_\_\_\_\_

Total project cost \$ \_\_\_\_\_ CFCC grant requested \$ \_\_\_\_\_ (Not to exceed \$5,000)

Other Funding sources \_\_\_\_\_

Total grant requests frequently exceed the amount of available funding. Are you willing to accept a grant less than your requested amount? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is there a minimum grant amount acceptable for the project to proceed? \$ \_\_\_\_\_

### Submit

Submit 8 copies of the completed application, including additional narrative, budget and board list to:  
**Community Foundation for Cloud County, PO Box 187, Concordia, KS 66901**

Questions? You may find your answer on our website at [www.communityfoundationforcloudcounty.org](http://www.communityfoundationforcloudcounty.org). If not, call Bob Steimel at 785-243-0115, or email him at [steimelcfcc@sbcglobal.net](mailto:steimelcfcc@sbcglobal.net).



# Application Budget Page 2012

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Project Title: \_\_\_\_\_

**Revenue:** *(tip- the revenue & expense total should match)*

CFCC Grant Request	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**Expenses:** *(tip- the revenue & expense total should match)*

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**How will the CFCC dollars specifically be used?** \_\_\_\_\_

**Employee Identification Number (Required to issue grant)** \_\_\_\_\_

**Is applicant a 501(c)3 Nonprofit Organization?** Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, Please complete:**

Total Annual Operating Budget of the Applying Organization \$ \_\_\_\_\_

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title