



YOUR COMMUNITY FOUNDATION
Giving Makes a Difference

GRANT APPLICATION FORM
Calendar Year 2020

Legal Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Website (if available): _____

CEO Name and Title: _____

Contact Name and Title (if different form CEO): _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Organization Mission Statement:

Year Organization was Founded: _____ Current Year operating Budget: _____

Name of Project: _____

Start Date: _____ End Date: _____

Proposed Number of people directly served by the project: Allen County: _____ Other County: _____

Please list the communities where this project will take place:

Requested Amount: \$ _____

Total Project Cost: \$ _____

Authorized Signature and Endorsement:

The Board of Director of our organization has approved the submission of this proposal. If we receive a grant, we agree to use the funds as specified in this request. We will allow the Your Community Foundation to use the information provided in this request in its publications and news releases, and will mention the Foundation's support in any publications, news releases or other publicity related to the project.

We acknowledge that acceptance of this grant also entitles the Your Community Foundation to send a representative to one of our board meetings to present the grant check, hear a little more about our organization and receive information about the Foundation.

We acknowledge that if our organization receives this grant or any part thereof, we must submit photos and text reports documenting the project's implementation and completion. All such photos and reports may be used by YCF to publicize its grant activities.

Signature and Title

Date

Please be sure to attach all required documents as provided in the Grant Application Instructions.