



Elk County COMMUNITY FOUNDATION

An Affiliate of Central Kansas Community Foundation

Grant Application

Organization Name: _____

Organization Website: _____

Mailing Address: _____

Number/Street

City

State

Zip

Telephone #: (____) _____ Fax #: (____) _____

Executive Director: _____

Telephone #: (____) _____ Ext: _____ Alternate Telephone #: (____) _____

Email Address: _____

Project/Program Director (if different than Executive Director/Top Executive):

Telephone #: (____) _____ Ext: _____ Alternate Telephone #: (____) _____

Email Address: _____

Community in which you are applying for a grant: Severy Howard Grenola
Longton Elk Falls Moline

Were you funded in previous years? Yes No

Project/Program Title: _____

Approximate number of people to be served by this project/program: _____

Time period of project/program: From: _____ To: _____

Date when funds will be needed: _____

Total project/program cost: \$ _____

Total amount of funding requested : \$ _____

Other funding sources combined: \$ _____

In 100 words or less, please summarize your project.

Please provide a brief description of your agency and the population served.

Please describe how your agency will use the requested funds.

How will this project/program directly impact those your agency serves?

On an separate document, please provide an itemized and prioritized budget for the project/program you are requesting funds for (*project/program budget only*).

Have you *applied* for other sources of financial support for this project/program? Yes No

If so, please identify.

Have you *received* any financial support from other sources for this project/program? Yes No

If so, please identify.

We give permission to use our group's name and project/program in publicity.

Proof of 501(c)(3) status is included with this application.

Organization is not a 501(c)(3).

Is your organization a public agency/unit of government?

(i.e., educational institution, church, a city, or county) Yes No

If no, please identify the eligible organization that will serve as the projects fiscal agent:

Name of Organization: _____

Contact Person: _____

Telephone #: (____) _____ Ext: _____

Email: _____

Return to: Brandi Mast, Associate Director, Elk County CF brandi.mast@centralkansascf.org

I certify, to the best of my knowledge, that all information included in this application is correct. The tax exempt status of this organization is current. If grant is received through the Central Kansas Community Foundation for the described herein shall be restricted as stated herein. purposes

Signature of Representative Requesting Grant

Date