



Affiliate Name \_\_\_\_\_  
Person \_\_\_\_\_  
Writing Grant \_\_\_\_\_ DATE: \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Please answer the following questions before beginning the grant application:**

- Name of Grant Maker \_\_\_\_\_  
\_\_\_\_\_
- Eligibility requirements \_\_\_\_\_  
\_\_\_\_\_
- Project to be funded \_\_\_\_\_  
\_\_\_\_\_
- Amount of request \_\_\_\_\_  
Fund Name \_\_\_\_\_
- Award Deposited to:
  - Existing Fund
  - New fund\_\_\_\_\_
- Application deadline \_\_\_\_\_  
\_\_\_\_\_

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Dated Required Documents emailed to Melissa \_\_\_\_\_

To be completed by person writing the grant

Date Submitted for CKCF Review \_\_\_\_\_

to be completed by person writing the grant

Application Submission Approval date \_\_\_\_\_

To be completed by Angie/Carrie