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**Grant Application**

***Please complete all fields of information and attach requested documentation.***

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| --- | --- | --- | --- |
| **Date** | Click here to enter a date. | **Amount Requested**: | Click here to enter text. |
| ORGANIZATION INFORMATION |
| **Organization**  | Click here to enter text. | **Tax ID/FEIN** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **City** | Click here to enter text. |  |
| **State** | Click here to enter text. | **Zip** | Click here to enter text. |
| **Phone** | Click here to entasdfer text. | **Email** | Click here to enter text. |
| **Project Contact if different that above:** Click here to enter text. |
| **Phone:** | Click here to enter text. | Email: | Click here to enter text. |
| PROGRAM INFORMATION |
|  | **Is this a new or existing program?** Choose an item. | **Has this organization received CACF grant funding in the past? ☐ Yes ☐ No****If so, when?** Click here to enter text. |
|  | **Project Type:** *(choose all that apply*)☐ Arts and Culture ☐ Children and Youth ☐ Community Development | ☐ Education☐ Environment☐ Health ☐ Human Services |
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| **Proposed use of funds**: .  |

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| **Service Area covered by the project**:Click here to enter text. |

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| **Describe the targeted population and/or demographics of who the program/project will serve:**Click here to enter text. |

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| **How will you measure the success of your program?**Click here to enter text. |



**Attachment checklist:**

☐ Grant Application

☐ Grant Application Budget

☐ Current list of Board Members

☐ Verification of 501(c)3 status

**Documents may be submitted in the following formats:**

1. Email: Download and email your documents to: coffeyvilleacf@gmail.com

1. Mail or bring by the office:

***Coffeyville Area Community Foundation***

***117 W 9th St.***

***P.O. Box 635***

***Coffeyville, KS 67337***



**Signature** of Fiscal Agent or Board President:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OFFICE USE ONLY |
| DATE RECEIVED: |  |
| RECEIVED BY: |  |