



Grant Application

Please complete all fields of information and attach requested documentation.

Date		Amount Requested:	\$
ORGANIZATION INFORMATION			
Organization		Tax ID/FEIN	
Address			
City			
State		Zip	
Phone		Email	
Project Contact if different than above:			
Phone:		Email:	
PROGRAM INFORMATION			
	Is this a new or existing program?	Has this organization received CACF grant funding in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	
	Project Type: <i>(choose all that apply)</i> <input type="checkbox"/> Arts and Culture <input type="checkbox"/> Children and Youth <input type="checkbox"/> Community Development	<input type="checkbox"/> Health <input type="checkbox"/> Human Services	

Proposed use of funds:

Service Area covered by the project:

Describe the targeted population and/or demographics of who the program/project will serve:

How will you measure the success of your program?

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: janie@coffeyvillefoundation.org

2. Mail or bring by the office:
Coffeyville Area Community Foundation
1314 W 11th Street Suite A
P.O. Box 635
Coffeyville, KS 67337
(There is a mail slot in the door for after hours)

Signature of Fiscal Agent or Board President:

_____ Date_____