J.A.C. Grant Application

Date: _____

Please fill out this sheet, front and back, and attach it to your question responses on the back of the application. This sheet and your responses should be typed or clearly printed in ink and mailed to J.A.C. at the Coffeyville Area Community Foundation at **PO Box 635 Coffeyville, KS 67337** or emailed to **erinlee_20@yahoo.com**. Applications are due no later than April 1st, 2026.

Name of organization (if a student organization, also provide the name of the school)

_____

_____

_____

Project title: _____

Applicant organization address: _____

City: _____ **State:** _____ **Zip:** _____

Organization Phone Number: _____

Contact Name: _____

Name of project leader (youth, if applicable) _____

Youth project leader address: _____

City: _____ **State:** _____ **Zip:** _____

Phone number: _____

Name of adult sponsor: _____

Title if applicable: _____

Address of adult sponsor, if different from organization address:

_____

City: _____ **State:** _____ **Zip:** _____

Amount needed: (minimum-maximum) _____

Questions: (must be answered thoroughly)

About the Project

1. **Tell us about your organization.**
2. **Describe your project and what you hope to accomplish.**
3. **How did you come up with the idea for this project?**

Community Involvement

1. **Explain how it is youth-led and if it is community service or youth leadership.**
2. **What will your project do for the community?**
3. **Will any other organization or agency be working with you?**
4. **How many youth volunteers will participate in this project? Please list youth that will be involved.**
5. **How many youth will benefit or be affected by your project? Ages?**

Details

1. **Please include detailed (line-item analysis) of funds needed.**
2. **When will your project begin and end?**
3. **Where will the project take place? Indicate the actual location.**
4. **Are you receiving money from any other foundation or organization?**