



GRANT INFORMATION

Fund Name: _____

Requested Grant Amount: _____

Intended Use of Grant Funding: _____

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

ORGANIZATION APPROVAL

All grant requests require the signature of the organization's highest ranking employee.

Signature: _____ Date: _____

Name: _____ Title: _____

BOARD APPROVAL (IF REQUIRED)

Some grant requests also require the approval of an organization's board. Please contact The Community Foundation if you are unsure if this a requirement of your funding.

Date of Board Approval: _____

Board Officer Signature: _____ Date: _____

Name: _____ Title: _____