



GRANT APPLICATION

Organization Information		
The Cottage House		
Organization Name	A	1/0
25 N Ntosho	Council Grove	K) 66846
Street Address	City	State Zip
1020-767-6828 Phone Number	Cottagehousecgi	KS-COM
Phone Number	Email Address	
Please list your 3 of organizations officers below:		
BECKY CONGER	OWNEX	615-308-5596
Name / Land	Title	Phone Number
JUSON VONGE	DWNEI	615-308-0248
Name 1211 Copy 1211 4v	Title	Phone Number
Name Name	Title Manager	
Is your organization a tax-exempt? NO		
. //		
Date of tax exemptions status granted:		
Is your organization a nonprofit 501(c)(3)? N_D		
Date status granted:		
Tall us shout your servicetion		

Who are a notel/motel with 38 rooms. Currently, the Front of hotel & motel rooms need gutters. We bring guests from many states & other countries & share the history of hotel & community w/ everyone.

Project Information			
Name of project:			
What geographic area will be served: FIDIT of NOTE	1 3 Motel rooms		
Who will benefit: GULSTS, COTTAGE HOUSE	Staff, COMMUNITY		
312/120	4/2020		
Anticipated Project Start Date	Anticipated Project Completion Date		
What is the purpose of this project; what specifically will it accomplish? If Will help Keep the grown Suff for guests 3, be able to add shrubs. What problem is this project attempting to solve? Suff for guests 3 munduling landscaping			
INNYSTADINA			
Who else in the community is working on this issue? Please list all of the third time.	other groups and/or committees.		
How will the project be implemented and how will you coordinate of the supplies of himself the supplies of himself the supplies of the supplie	with others working on this issue? COMPANY TO COMPLETE		
What local support is there for this project?			
Financial Information			
# 500D	#250D		
Total Project Cost	Amount Requested from CGAF		
Please list the amount and source of pledge or commitments to date: $\fill \mathcal{M}$			
Please list any additional funding requests that will be made:			
Print Name/ Signature Signature	Title 10/17/19 Today's Date		

Please submit send your application to: Director@CGKSAF.org or Council Grove Area Foundation P.O. BOX 137 Council Grove, KS. 66846