



COUNCIL GROVE AREA FOUNDATION  
P.O. BOX 137, Council Grove, Kansas 66846

## GRANT APPLICATION

### Organization Information

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Organization Name

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Street Address

City

State

Zip

---

Phone Number

Email Address

Please list your 3 of organizations officers below:

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Name

Title

Phone Number

---

Name

Title

Phone Number

---

Name

Title

Phone Number

Is your organization a tax-exempt?

Date of tax exemptions status granted:

Is your organization a nonprofit 501(c)(3)?

Date status granted:

Tell us about your organization.

Project Information

Name of project: \_\_\_\_\_

What geographic area will be served: \_\_\_\_\_

Who will benefit: \_\_\_\_\_

\_\_\_\_\_  
Anticipated Project Start Date

\_\_\_\_\_  
Anticipated Project Completion Date

What is the purpose of this project; what specifically will it accomplish?

What problem is this project attempting to solve?

Who else in the community is working on this issue? Please list all other groups and/or committees.

How will the project be implemented and how will you coordinate with others working on this issue?

What local support is there for this project?

Financial Information

\_\_\_\_\_  
Total Project Cost

\_\_\_\_\_  
Amount Requested from CGAF

Please list the amount and source of pledge or commitments to date:

Please list any additional funding requests that will be made:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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