



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

GRANT APPLICATION

Organization Information

Organization Name

Street Address

City

State

Zip

Phone Number

Email Address

Please list your 3 of organizations officers below:

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 send your application to: Council Grove Area Foundation
C/O Grant Application
P.O. BOX 137
Council Grove, KS. 66846