



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