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SHORT FORM GRANT APPLICATION

▶ Maximum Grant Amount \$1,000.00
Grants must be received at the Foundation office by:
January 1 • April 1 • July 1 • October 1

Office Use:	
General	_____
HS/HY	_____
21st Century	_____

Fill in Answers → Print → Sign Original → Make 8 copies & Mail all 9 copies to the Foundation.

Group/Organization Applying: _____

Address: _____ Phone (____) _____

City & State: _____ Zip: _____ email: _____

Project Title: _____ **Start-End Date:** _____

Amount Requested \$ _____ **Total Project Cost: \$** _____

Geographic Area Served: _____ **Number Served:** _____

Contact Person: _____ **Title:** _____

Address: _____ email: _____

City/State: _____ Zip: _____ Phone: (____) _____

Government & Non-Profits: Has your agency received funding from FCCF? Yes No

Schools: Have you personally been a contact person for funding from FCCF? Yes No

If yes, list grants below. If you have received more than two grants, attach your list to this application.

<u>Project Name</u>	<u>Grant Number</u>	<u>Grant Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

1.) Attach a brief Project Summary. Provide specific information about who, what, where, when and how. Include your organization and name on attachments.

2.) Attach an itemized budget detail. Do not submit estimates.

TWO SIGNATURES ARE REQUIRED

Signatures acknowledge that this proposal is in compliance with your organization's policies.

Your signatures verify that the information submitted is true and accurate.

Applicant's Name: _____ **Official's Name:** _____

Applicant's Title: _____ **Official's Title:** _____

Applicant's Signature **Date** **Official's Signature** **Date**