

FOUR COUNTY COMMUNITY FOUNDATION
SHORT-FORM GRANT APPLICATION

Maximum Grant Amount: \$1,000.00

**ADDITIONAL FORMS ARE AVAILABLE
FROM OUR WEBSITE AT www.4ccf.org**

General Fund _____
Healthy Seniors & Healthy Youth Fund _____
Other Fund _____

For office use only

Group or Organization Applying _____

Contact Person _____ Title _____ Phone _____

Business Address _____

City/State/Zip _____ Business Phone _____

Project Title _____

Project Start Date _____ Project End Date _____

Geographic Area Served _____ Number Served _____

Amount Requested _____ Total Project Cost _____

For **Government & Non-Profit** applicants: Has your agency received funding from FCCF? Yes ___ No ___

For **Schools**: Have you personally ever been a grantee contact person for funding from FCCF? Yes ___ No ___

For Both above: If yes, list name of project(s) _____

grant no(s) _____ grant amount _____ and years _____

Project summary - USE REVERSE SIDE FOR "PROJECT SUMMARY"

Budget Detail (Please submit an itemized budget not to exceed the space below)

**GRANTS MUST BE RECEIVED AT THE FOUNDATION OFFICE BY JANUARY 1, APRIL 1, JULY 1,
OR OCTOBER 1. PLEASE RETURN THIS COMPLETED APPLICATION FORM WITH AN ORIGINAL
AND 8 ADDITIONAL COPIES TO:**

Four County Community Foundation, P.O. Box 539, Almont, MI 48003 Phone: (810) 798-0909

Signature & Title of Applicant

Signature & title of CEO or Authorized Official

Date

Date

TWO SIGNATURES ARE REQUIRED!

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

Project Summary : Briefly describe your project with specific information about the who, what, where, when and how. Please type your response in the space provided below.