

Grant Request

Grant Request Description _____

(Attach a detailed funding proposal, describing the project and how it will (in detail) meet the granting criteria set out in the Rivers and Area Community Foundation's Guidelines for Grant Applicants)

Amount Requested: _____ Total Cost of Project: _____

Date Funds Required: _____

Duration of project: *From* _____ *to* _____

Projected starting date: _____

How will the project be evaluated (including a time- frame/schedule for evaluation and final report)

How will you acknowledge a grant within the community (including all media sources)

Source(s) of Funding

Please specify all other sources (Government, Foundations, Donations, etc) of funding for this grant application:

Confirmed ___ Pending ___ _____

Confirmed ___ Pending ___ _____

Confirmed ___ Pending ___ _____

Community References

Please provide the name, address, telephone number and contact person for the three organizations who may be contacted by the Rivers and Area Community Foundation in support of your organization's application for funding.

Grant Application Checklist

Please check off items to ensure that you have included all required documentation to complete your application.

___ List of Current Board of Directors or Officers.

___ Annual Report

___ Detailed budget for proposed project (include professional quotes)

___ Total revenue and expense budget for the current year

___ Most recent financial statement(s)

___ Detailed application proposal

___ Grant Application Form

___ Photocopy of a void donation receipt or copy of organization agreement regarding the CCRA Registration Number

Please explain if any of the items are not available:

Authorization

Has your organization authorized this grant application? _____ Meeting or Resolution _____

This application must be signed by two Officers of the Board of Directors or the Chairperson, President Or Treasurer of the organization (group) verifying the application is complete.

Signature _____ Title _____

Signature _____ Title _____

Primary contact for further information:

Name _____ Telephone _____