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**Grant Application**

***Please complete all fields of information and attach requested documentation.***

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| **Date** | | Click here to enter a date. | | | | | | | **Amount Requested**: | | | | | | | | Click here to enter text. |
| ORGANIZATION INFORMATION | | | | | | | | | | | | | | | | | |
| **Organization** | | | | | | | Click here to enter text. | | | | | **Tax ID/FEIN** | | | | Click here to enter text. | |
| **Address** | | | | | | Click here to enter text. | | | | | | | | | | | |
| **City** | | | | | Click here to enter text. | | | | | |  | | | | | | |
| **State** | | | | Click here to enter text. | | | | | | **Zip** | | | | Click here to enter text. | | | |
| **Phone** | | | Click here to entasdfer text. | | | | | **Email** | | | Click here to enter text. | | | | | | |
| **Project Contact if different that above:** Click here to enter text. | | | | | | | | | | | | | | | | | |
| **Phone:** | Click here to enter text. | | | | | | | | | | | | Email: | | Click here to enter text. | | |
| PROGRAM INFORMATION | | | | | | | | | | | | | | | | | |
|  | **Is this a new or existing program?**  Choose an item. | | | | | | | | | | | | **Has this organization received CACF grant funding in the past? ☐ Yes ☐ No**  **If so, when?** Click here to enter text. | | | | |
|  | **Project Type:** *(choose all that apply*)  ☐ Arts and Culture  ☐ Children and Youth ☐ Community Development | | | | | | | | | | | | ☐ Education  ☐ Environment  ☐ Health  ☐ Human Services | | | | |
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| **Proposed use of funds**:  . |

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| **Service Area covered by the project**:  Click here to enter text. |

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| **Describe the targeted population and/or demographics of who the program/project will serve:**  Click here to enter text. |

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| **How will you measure the success of your program?**  Click here to enter text. |



**Attachment checklist:**

☐ Grant Application

☐ Grant Application Budget

☐ Current list of Board Members

☐ Verification of 501(c)3 status

**Documents may be submitted in the following formats:**

1. Email: Download and email your documents to: [coffeyvilleacf@gmail.com](mailto:coffeyvilleacf@gmail.com)

1. Mail or bring by the office:

***Coffeyville Area Community Foundation***

***117 W 9th St.***

***P.O. Box 635***

***Coffeyville, KS 67337***



**Signature** of Fiscal Agent or Board President:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| OFFICE USE ONLY | |
| DATE RECEIVED: |  |
| RECEIVED BY: |  |