

**APPLICATION FOR GRANT**

**(PLEASE TYPE OR PRINT INFORMATION)**

Date \_\_\_\_\_,

Applicant Organization

Mailing Address

City, State and Zip

Telephone, Fax, e-mail, etc.

Title of Project

Amount Requested



For Good. . .  
For Ever. . .  
For Parke County.

DELIVER, MAIL OR FAX TO:

**PARKE COUNTY COMMUNITY FOUNDATION, INC.**

PO Box 276, (115 N. Market Street), Rockville, IN 47872

Phone: (765) 569-7223 Fax: (765) 569-5383

Email = [parkeccf@yahoo.com](mailto:parkeccf@yahoo.com)

Received, the Foundation

DATE: \_\_\_\_\_ By: \_\_\_\_\_

**Information about the Applicant Organization**

- 1. Is your organization an incorporated group?    ( ) Yes    ( ) No
- 2. Does your group have by-laws and/or a constitution?    ( ) Yes    ( ) No
- 3. Has your organization been declared tax-exempt by the Internal Revenue Service as a 501(c)(3)?    ( ) Yes    ( ) No

**If yes, please provide your Federal Identification Number (EIN):** \_\_\_\_\_

**If not, what is the organization's charitable purpose?**

\_\_\_\_\_

\_\_\_\_\_

- 4. Does your organization have an approved annual budget?    ( ) Yes    ( ) No

**If your grant request exceeds \$5,000 please enclose a copy of the most recent annual budget, unless it's a matter of public record.**

- 5. Is the applicant controlled by, related to, connected with, or sponsored by another organization?    ( ) Yes    ( ) No

**If yes, identify the organization and explain the relationship.** \_\_\_\_\_

\_\_\_\_\_

- 6. Has the applicant ever applied for or received a grant from this foundation?    ( ) Yes    ( ) No

**If yes, please give details.**

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7. What charitable project specifically are you asking the Parke County Community Foundation to fund? (Including your perception of need, the segment of the population that will benefit short and long-term goals.)

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8. Please estimate the total cost of the project: (i.e., building materials, in-kind contributions, labor, etc.) Tell us how partial funding will enhance or detract from the completion of the project and detail how much of the total cost has already been raised or is available from your organization.

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9. Are there other organizations you have applied to for this funding that the Foundation might team with in order to provide funding for your charitable project?

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10. When do you anticipate your project to begin? \_\_\_\_\_

11. When do you anticipate the project's completion? \_\_\_\_\_

Additional relevant comments:

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**Administration of the Grant**

Identify person who will be administering the proposed program and/or may be contacted for further information.

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Mailing Address Telephone Number

\_\_\_\_\_  
City, State and Zip Other

**Authorization**

From my own knowledge, I certify that the information given is correct.

\_\_\_\_\_  
Signature of Governing Board Member other than applicant or declared Administrator, if applicable

\_\_\_\_\_  
Name (**Please print or type**) Date

If we were to receive the grant for which we are applying, we would be willing, although I understand it is not required, to provide the Parke County Community Foundation with photos and a brief story for use in newsletters, annual reports, and other publications.

\_\_\_\_\_  
Signature Date