

WEST POINT COMMUNITY FOUNDATION

DATE OF APPLICATION: _____ THIS APPLICATION IS FOR A GRANT (REQUEST FOR FUNDS) – APPLICANT TO PROVIDE COMPLETED FORM TO:

WEST POINT COMMUNITY FOUNDATION, c/o CLEO TOELLE, PO Box 65, WEST POINT, NEBRASKA 68788

CONTACT INFORMATION

LEGAL NAME OF THE ORGANIZATION ACCORDING TO THE IRS

PRESIDENT/EXECUTIVE DIRECTOR

TELEPHONE

EMAIL

CITY

STATE

ZIP CODE

TELEPHONE

FAX

WEBSITE (IF APPLICABLE)

NAME/TITLE OF CONTACT PERSON REGARDING THIS APPLICATION

TELEPHONE

EMAIL

THIS ORGANIZATION IS: 501 (C)(3) NONPROFIT PUBLIC AGENCY/UNIT OF GOVERNMENT OTHER

IF THE ORGANIZATION IS A FISCAL SPONSOR, NAME OF ORGANIZATION/PROGRAM APPLYING FOR FUNDING

ADDRESS

CITY

STATE

ZIP CODE

SUMMARY OF PROPOSED PROJECT

(BRIEF ONE SENTENCE PURPOSE DESCRIPTION):

FINANCIAL INFORMATION

AMOUNT REQUESTED \$ _____

DURATION OF PROPOSED GRANT PERIOD (START/END DATES): \$ _____

TOTAL COST, INCLUDING REQUESTED AMOUNT \$ _____

IF APPLYING FOR GENERAL OPERATIONS, THE PROJECTED TOTAL ANNUAL BUDGET \$ _____

CURRENT YEAR TOTAL ANNUAL ORGANIZATION BUDGET (OF THE APPLICANT) \$ _____

BOARD ENDORSEMENT

NAME OF BOARD CHAIR/PRESIDENT

SIGNATURE OF BOARD CHAIR/PRESIDENT

For West Point Community Foundation Use Only

DATE PRESENTED TO BOARD _____

DECISION: FUND DON'T FUND

TREASURER SIGN: _____

AMOUNT: \$ _____