

**WESTERN INDIANA COMMUNITY FOUNDATION
GRANT APPLICATION**

DATE _____

GRANT REQUEST FROM:

OFFICERS, DIRECTORS OR TRUSTEES OF ORGANIZATION:

NAME, ADDRESS, PHONE NUMBER OF CONTACT PERSON:

GRANT REQUEST AMOUNT:

- \$ _____ Attica Community Foundation
- \$ _____ Covington Community Foundation
- \$ _____ Southeast Fountain Community Foundation
- \$ _____ Vermillion County Community Foundation

- \$ _____ Total Amount

**DESCRIPTION OF PROJECT WITH IMPACT STATEMENT/OBJECTIVES
AND NEEDS:**

OTHER FUNDING SOURCES FOR THIS PROJECT:

ITEMIZED BREAKDOWN OF EXPENSES FOR THIS PROJECT:

TIMETABLE FOR PROJECT AND PLANS FOR SUSTAINING THE PROJECT AFTER THE GRANT:

IRS TAX EXEMPT STATUS *(Please include copy):*

THOSE WHO WILL BE MANAGING THE PROJECT:

HOW DO YOU PLAN TO EVALUATE THIS PROJECT?

DESCRIPTION OF PUBLIC RELATIONS PLANS/FOUNDATION FUNDING:

OTHER PERTINENT INFORMATION:

**TO BE SIGNED BY ORGANIZATION'S PRESIDENT AND/OR INDIVIDUAL
TO WHOM FUTURE QUESTIONS AND CORRESPONDENCE MAY BE
ADDRESSED:**

(Name)

(Title)