



## Grant Application

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

<b>Date</b>		<b>Amount Requested:</b>	<b>\$</b>
<b>ORGANIZATION INFORMATION</b>			
<b>Organization</b>		<b>Tax ID/FEIN</b>	
<b>Address</b>			
<b>City</b>			
<b>State</b>		<b>Zip</b>	
<b>Phone</b>		<b>Email</b>	
<b>Project Contact if different than above:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>PROGRAM INFORMATION</b>			
	<b>Is this a new or existing program?</b>	<b>Has this organization received CACF grant funding in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	
	<b>Project Type:</b> <i>(choose all that apply)</i> <input type="checkbox"/> Arts and Culture <input type="checkbox"/> Children and Youth <input type="checkbox"/> Community Development	<input type="checkbox"/> Health <input type="checkbox"/> Human Services	

<b>Proposed use of funds:</b>

<b>Service Area covered by the project:</b>

<b>Describe the targeted population and/or demographics of who the program/project will serve:</b>

<b>How will you measure the success of your program?</b>

**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: [marci@coffeyvillefoundation.org](mailto:marci@coffeyvillefoundation.org)
2. Mail or bring by the office:  
**Coffeyville Area Community Foundation**  
**1314 W 11<sup>th</sup> Street Suite A**  
**P.O. Box 635**  
**Coffeyville, KS 67337**  
*(There is a mail slot in the door for after hours)*

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

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

OFFICE USE ONLY	
DATE RECEIVED:	
RECEIVED BY:	