



Grant Application

Lindsborg/DN Fund

June 2010

General information

Applicant: _____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Contact Person _____ Telephone: _____

Project Title _____

Request for funds

- All applications must use this completed form as the cover page.
- On a separate page, please list your board members or trustees.
- Complete the Foundation's application budget page and attach to your application.
- Please do not include any supplemental materials (brochures, letters of support, etc.)
- Using no more than two, 8½ X 11 single-sided sheets of paper, please tell us about your proposal. Be sure to include the following, and label the information by letter in your narrative:
 - a) The mission or purpose of your organization or group
 - b) A definition of the need, including how the need has been determined
 - c) The targeted population
 - d) A description of the project
 - e) Your expected results
 - f) Your timetable and process for achieving results
 - g) How you will evaluate the success of your proposal

Type of grant requested (see back of this page for grant guidelines)

Project/Program Capacity Building Seed Money Capital Operating Endowment

Financial information

Time period of your project: From _____ to _____ Funds will be available after August 1, 2010

Total project cost \$ _____ MCCF grant requested \$ _____

Other Funding sources _____

Total grant requests frequently exceed the amount of available funding. Are you willing to accept a grant less than your requested amount? Yes _____ No _____ If yes, is there a minimum grant amount acceptable for the project to proceed? \$ _____

Submit the completed application, including additional narrative, budget and board list to:

McPherson County Community Foundation * 206 S. Main * McPherson, KS 67460. **All applications must be postmarked by June 30, 2010.**

Questions? You may find your answer on our website at www.mcphersonfoundation.org. If not, call the McPherson County Community Foundation office at 620-245-9070, or email us at sharon@mcphersonfoundation.org.

Application Budget Page

Applicant: _____ Date _____

Project Title: _____

Revenue:

MCCF Grant Request	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Is applicant a 501(c)3 Nonprofit Organization? Yes _____ No _____.

If yes, Please complete: Total Annual Operating Budget of the Applying Organization \$ _____
Employee Identification Number _____

If no, who are you using as your 501(c)3 sponsoring organization? _____

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns.

Signature* _____ Print Name Here _____ Title _____

Signature **must be the 501(c)3 representative*