

HAMIOTA

Community Foundation



GRANT APPLICATION



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AGENCY INFORMATION

Name of Organization: _____

Address: _____ Postal Code: _____

Charitable donation #: _____ Phone#: _____

GRANT REQUEST

Amount Requested: _____ Total project cost: _____

When funds are needed: _____ Projected starting date: _____

Duration of project: _____

ATTACHMENT

Most recent audited financial statements and annual report of your organization.

AUTHORIZATION

The organization agrees to publicly acknowledge the contributions made by the Hamiota Community Foundation. This can include but is not limited to: a notice in the newspaper or Leader, an announcement at a special event, dissemination to organization membership.

This application must be signed by the Chairperson/President or Treasurer of the organization.

Primary contact for further information

Name: _____

Phone #: _____

Signature: _____

Title: _____

