



The Community Foundation of Washington County Grant Application

Directions: Please complete this form and save it. Append the required attachments to this PDF file or save it as a separate Microsoft Word-compatible file. E-mail the completed application with attachments to vbrooks@cfwashco.org.

Date of Application: _____

Name of Organization Applying: _____

Year Founded: _____ Current Annual Operating Budget: \$_____

Executive Director: _____

Board of Directors or Advisory Board Members:

Contact Person/Title (if different from Executive Director):

Address: _____

Mailing Address (if different from above):

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Project Title: _____

Purpose of Grant (one sentence):

Amount Requested: \$ _____ Total Project Cost: \$ _____

Geographic location of project (where will this project take place):

Are you required by a regulatory agency to be licensed for the services which you provide?

(Circle one) Yes No If yes, please identify:

Are you a 501(c)(3) non-profit organization?

(Circle one) Yes No

Are you a food pantry without a 501 (c) (3) nonprofit tax-exempt status?

(Circle one) Yes No

Has your organization incorporated with the MS Secretary of State as a non-profit and a separate legal entity responsible for its own actions?

(Circle one) Yes No

If funding from the Community Foundation is not approved for this project, will the project still take place?

(Circle one) Yes No

Please email each of the following as attachments with the grant application:

Cover Letter:

Please provide a one-page summary of the work proposed, the amount requested, and how this will enhance or improve lives in Washington County.

Narrative:

Please provide the following information.

- Summarize your organization's history and state your mission and goals.
- Identify the need or problem to be addressed and how your organization or program will address food insecurity in the Washington County area.
- Describe the target population (age, gender, etc.) and how many people will benefit from this grant.
- Describe project goals and objectives and your plans to meet them.
- Describe who will be leading your project/program to make it a success.

501 (c) (3) Organization Required Attachments:

- List of Board of Directors
- List of other funders and amounts committed or requested
- Detailed Annual Operating Budget
- Detailed Project Budget and Budget Narrative
- Letter of Tax-Exempt Status
- Secretary of State Charity Certification

Food Pantries without 501 (c) (3) Status

- List of Board of Advisors/List of Board of Directors
- List of other funders and amounts committed or requested
- Detailed Annual Operating Budget
- Detailed Project Budget and Budget Narrative
- Letter of Organization Charter

Required Certification Mailing:

Complete the Grant Application Certification. This is the only form that should be **mailed** to the Community Foundation of Washington County. Please print the form, add your information and signature, and return to:

Community Foundation of Washington County

P.O. Box 5910

Greenville MS 38704



Community Foundation of Washington County

Grant Application Certification Directions: Please print this form, add your information and signature, and return it by **mail** to the Community Foundation of Washington County, P.O. Box 5910, Greenville, MS 38704.

The below-signed individual accepts responsibility for submission of a grant application to the Community Foundation of Washington County by _____ (organization) for _____ (project, if applicable), attesting that all information submitted in the application materials is true and accurate to the best of his or her knowledge and that any funding, should it be awarded, will be expended only for the purposes outlined in the grant proposal. The applicant acknowledges that it has been disclosed that submission of an incomplete or inaccurate proposal constitutes grounds for denial and that if the information contained in the proposal is deemed to be false or funds are expended for purposes other than those expressly stated in the application without prior written consent of the Community Foundation of Washington County any grant monies must be repaid to the Community Foundation.

Name: _____

Title: _____

Signature: _____

Telephone: _____ Cell Phone: _____

Email Address: _____