



www.marysvillecf.org | 1129 Juniper Rd. Marysville, KS 66508 | info@marysvillecf.org | (785) 562-7341

## Grant Application

Organization Name: \_\_\_\_\_

Do you qualify as an exempt organization under section 501(c)(3) of the IRS code?

\_\_\_\_\_ (attach IRS letter)

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name & Date of Occurrence: \_\_\_\_\_

Briefly explain the project/activity for which you are requesting funds: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

Matching Funds – Committed: \$\_\_\_\_\_ (see attached letters)

Matching Funds – Pending: \$\_\_\_\_\_

Total Project Cost: \$\_\_\_\_\_

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Resulting Leverage (Total Sources/Marysville Community Foundation):

\$\_\_\_\_\_/ \$1(\$\_\_\_\_\_/ \$\_\_\_\_\_)



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**Area or Communities To Be Served:**

**Project Description (Program/Project for which you are requesting funds):**

**Grant Requests Description: (If funded, how will you specifically use the Marysville Community Foundation funds/)**

**Project Objectives: (What do you hope to achieve and how will it benefit the people of Marysville?)**

**Timetable for the Project: (When is the project to begin and end? For ongoing projects, when will the Marysville Community Foundation funds be utilized?)**



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**Additional Support: (Financial Match – Describe additional sources of support (if any) that have been secured or that will be pursued for this project)**

**Evaluation of Project:**

**Sustainability of Program/Project:**