



**Community
Foundation**
of Warren County
FOR GOOD...FOREVER

GRANT APPLICATION

DATE RECEIVED BY CFWC

310 Second Ave., Suite 1, Warren, PA 16365 • Phone (814) 726-9553 • Fax (814) 726-7099 • E-mail Grants@cfowc.org

Name & Title of Applicant _____

Name of Organization _____ Date Founded _____

Address (street) _____ City/State/Zip _____

Project Title _____ Total Project Cost _____

Date of Application _____ Amount Requested _____

Preferred contact method: ☐ Phone _____ ☐ E-mail _____

Status ☐ 501 (c) 3 Include IRS Determination Letter

☐ 509 (a) ____ Enter status classification: 1, 2, or 3 (found on IRS Determination Letter)

Enter EIN/Tax ID _____

Did you file form 990 last year ? ☐ Yes ☐ No
(If yes, please attach a copy of page 1)

Have you previously requested CFWC Funds? ☐ Yes ☐ No

If YES, please indicate for most recent request: When? _____ How Much? _____

CURRENT YEAR

PRIOR YEAR

Total Organization Revenue _____

Primary Sources of Revenue _____

Start Date of Fiscal Year _____ *Financial Report for last 2 fiscal years must be attached.*

Primary Sources of Income (grants, fees, etc.) _____

Budget for the project must accompany this application

Total Endowment _____ Total Reserves _____ Total Debt _____

Total Cost of Project/Program/Event _____ Amt. Allocated from your Organization _____

Other Funders for this specific project	Amount	Indicate whether Committed (C), Pending (P), or Not Yet (NY)
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1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

The Foundation does not expect to be the sole funding source for any project, program or event.

of Board Members _____ # of Staff _____ # of Volunteers _____

Name of Chairman of the Board of Directors _____

Preferred contact method: ☐ Phone _____ ☐ E-mail _____

GRANT APPLICATION

Please provide a brief description of your organization, focusing primarily on the project for which you are seeking funding. Your summary should include the project's objectives and goals, implementation methods, who the project will serve, a plan for self-evaluation, and future funding plans. Your summary should not exceed the space below; please type or provide an attached printout. (Note: the Foundation does not provide funding for salaries or other operating costs.)

Organization _____

Applicant _____

Signature _____

E-mail _____

Date _____