



WOMEN OF PURPOSE
Grant County Community Foundation
GRANT APPLICATION COVERSHEET

ORGANIZATION INFORMATION

Organization/Agency requesting grant: _____

Contact Information: Name _____ Phone # _____

Address: _____ E-mail _____

_____ Tax ID/EIN # _____

PROJECT INFORMATION

Project Title: _____ Amount Requested _____

When are funds needed _____ Total Project Budget _____

Executive Director or Equivalent (Please Print) *Title*

Signature of Executive Director or Equivalent *Date*

To complete the application, please attach:

1. Complete the following application (next page)
2. Complete the Grant budget form (2nd page)
3. Organization's current balance sheet
4. List of your Board of Directors
5. Tax Exemption Status
 - a. 501(c)3 Organization (attach a copy of the IRS Letter of Determination)
 - b. Other – Please specify (government, school, etc) _____

Incomplete Applications will not be funded

**By submission of this application, it becomes property of the
Grant County Community Foundation.**

**WOMEN OF PURPOSE
Grant Application**

Send this form to Grant County Community Foundation, P. O. Box 65, Ulysses, Ks 67880
Or e-mail it to grantccf@gmail.com

Describe your project or program and how it will be implemented in Grant County.

How will you use the money?

Who in Grant County will benefit from the project?

How will you know if the project is successful?

WOMEN OF PUPOSE GRANT BUDGET

List projected costs associated with your project rounded to the nearest dollar.

Total Project	Amount requested from WOP Grant	Description
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
		Totals

Besides the Women of Purpose grant, how do you plan to raise the rest of the money you need for your project?

Other grants? If so, please list where you have applied and the amount

Donations? If so, please list how much and from whom

Other Information you would like to share?