



Cascade Community Foundation

Enhancing The Greater Forest Hills Communities

CASCADE COMMUNITY FOUNDATION GRANT APPLICATION

I. ORGANIZATION INFORMATION

Organization _____

Address _____

Telephone _____ Fax _____ E-Mail _____

Executive Director _____

Contact Person (if different from above, name, title, phone#) _____

Is yours a 501 (c)(3) organization or governmental unit? Yes No

Year of Incorporation: ____ Current Organizational Operating Budget \$ _____

What is the mission/purpose of your organization? _____

II. PROJECT DESCRIPTION

Please attach additional pages if necessary

Project Name: _____

Purpose of Grant (Briefly summarize the project for which you are requesting funds, including how it will support/enhance Cascade and the Greater Forest Hills Area):

Dates of the Project: _____ Amount Requested: \$ _____

Total Project Cost: \$ _____

Amount and sources of other funding for this project: _____

Grant fulfills the criteria for which CCF Fund (fund descriptions are found on the website under "apply for a grant")?

- Benefit Fund
- Enhancement Fund
- Activities Fund

Project Management

Name the groups and/or individuals who have agreed to manage this project. What are their qualifications to manage this particular project?

Community Cooperation

List the groups and partners who have agreed to support your project. Please include their names and affiliations. Describe specifically the nature of their collaboration on this project.

Sustainability

Will this project be completed with the funding requested in this application? (Yes or No) If not, explain your group's plan for future sustainability in terms of continued financial and/or logistical support, and who you anticipate to provide it.

III. CCF GRANT APPLICATION BUDGET PROPOSAL WORKSHEET

This form (available for download on the website) must be completed and submitted with the Grant Application. If the application is received without the budget worksheet, the request will be returned and submission will be moved to the next granting period.

IV. AGREEMENT REGARDING FOUNDATION PROCEDURES

I agree to comply with all Foundation procedures regarding the grant including obtaining and displaying labels supplied by the CCF (indicating that the Foundation is the source of funding, allowing a visit by a CCF representative, and submitting a follow-up report and digital picture to the CCF to be used for all promotional purposes.

Date _____
Grant Applicant's Signature _____

Signature, Executive Director *Date*

Printed Name and Title

Please complete the application and mail to Cascade Community Foundation, Attn: Grant Committee, 6757 Cascade Road SE, # 105, Grand Rapids, MI 49546

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FOR FOUNDATION USE ONLY:

Grant _____ approved _____ denied

Date

Signature Printed Name and Title

Explanation:

Check issued on:

Signature/Treasurer Date