

**CLYDE AREA FOUNDATION GRANT
REQUEST APPLICATION**

attach additional pages if necessary

Date: _____

1. Name and address of your organization and the contact person.

Name:

Street:

City/State/Zip Code:

Contact Person:

Phone Number:

E-mail Address:

Best Time to Contact:

2. Please describe your request in detail as well as why you think the Foundation should honor it. (pictures, catalog information, and proposed pricing are greatly appreciated)

MUST INCLUDE TOTAL PROJECT BUDGET AMOUNT and TOTAL AMOUNT REQUESTED.

3. Please list any other sources of funding for your organization/grant request. With limited funding available due to low interest rates, we encourage utilization of funds from additional sources to fully fund project requests.

4. When do you need the requested funds? (funds will not be available until after grants are voted on at the annual meeting during the first quarter of the following year and must be used by the end of the following year)

5. Attach proof that you are a non-profit organization or documentation showing that you are associated with or doing business under a similar income tax exempt entity.

An applicant may show that it is a nonprofit organization by any of the following means:

- (1) Proof that the Internal Revenue Service currently recognizes the applicant as an organization to which contributions are tax deductible under section 501(c)(3) of the Internal Revenue Code;
- (2) A statement from a State taxing body or the State attorney general certifying that:
 - (i) The organization is a nonprofit organization operating within the State; and
 - (ii) No part of its net earnings may lawfully benefit any private shareholder or individual;
- (3) A certified copy of the applicant's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the applicant; or
- (4) A letter from a tax-exempt entity showing that you are permitted to use their exempt status.

6. Applicants or designated representatives must be willing to appear at the Foundation's annual meeting to show how the grant money benefited their particular organization and the Clyde area community in general.

7. Application must be received by the end of business, the first Friday in November to:

Deliver or Mail to

The Clyde Area Foundation
Elk State Bank

328 Washington
Clyde, KS 66938

Or email to Deb Ohlde at dcohlde@nckcn.com – if you email the application, please sign the document and scan in with the signature and email as an attachment.

8. Signature of contact person: _____

If you have questions, please contact Deb Ohlde at 785-275-2499 or dcohlde@nckcn.com