

# CLYDE AREA FOUNDATION GRANT REQUEST APPLICATION

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)**

**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?**

**5. Attach proof that you are a non-profit organization. (a copy of the IRS determination letter, etc.)**

**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. Return the application to:**      The Clyde Area Foundation  
Peoples Exchange Bank  
P.O. Drawer 9  
413 Washington St.  
Clyde, KS 66938

**8. Signature of contact person:** \_\_\_\_\_