

Elkhorn & Area



Foundation

Developing the Future of our Community

Elkhorn and Area Foundation

Grant Application

AGENCY INFORMATION:

Name of Organization: _____

Address: _____ Postal Code: _____

Charitable Donation#: _____ Phone #: _____

GRANT REQUEST:

Amount requested: _____ When are funds needed: _____

Total project cost: _____

Duration of project: _____ Project starting date: _____

ATTACHMENT:

_____ Most recent audited financial statement and annual report of your organization.

AUTHORIZATION:

This application must be signed by the Chairperson, President or Treasurer of the organization.

Name: _____ Signature: _____

Title: _____

Primary contact for further information:

Name: _____ Phone #: _____

Additional sheets may be used if not sufficient space available.

