



**Ripley Youth Outreach**

**Ripley County Community Foundation  
Ripley Youth Outreach  
Grant Application**

\_\_\_\_\_ **Date of Application**

Name of Organization: \_\_\_\_\_

Director of Organization: \_\_\_\_\_

EIN # of Organization: \_\_\_\_\_

This organization is a 501(c)3, governmental or educational entity: \_\_\_\_\_ Yes \_\_\_\_\_ No

**RCCF will only issue checks to 501(c)3 organizations, governmental or educational entities.**

If you answered “NO” for the line above, what organization will handle your grant funds by serving as your fiscal sponsor? \_\_\_\_\_

EIN # of the Fiscal Sponsor: \_\_\_\_\_

**You must verify that this organization will serve as your Fiscal Sponsor by having a letter of support from the President of its board.**

Project Contact Person: \_\_\_\_\_  
(must be a Ripley County contact)

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Organization’s most recent year-end information:  
Year-end Date \_\_\_\_\_ Annual Receipts \_\_\_\_\_ Annual Expenditures \_\_\_\_\_

Name of Project: \_\_\_\_\_

Please describe the project purpose in as much detail as possible in the space below:

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