Ripley County Community Foundation

Small Project Grants Application _____Date of Application
For Grant Requests of up to $500

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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

How many people do you expect to be impacted by this project:_____

Project Amount Requested: _____Total Cost of Project: _____
(not to exceed $500)

Specifically describe budgeted use of Project Funds by line item in space below in as much detail as possible. You must attach written estimates for the project (at least one).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If the project expenses are greater than $500, where will the additional funding come from?

_____
_____
_____
_____
_____
_____

Why did you choose to apply to RCCF for funding of your Project?

_____
_____
_____
_____
_____
_____

Project Timeline: _____ _____

(beginning date) (estimated completion date)