

Ripley County Community Foundation, Inc.
Application for a Grant from the Women's Fund

Date of Application _____

Name of Organization: _____

Director of Organization: _____

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

EIN#: _____

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: _____

Mailing Address: _____

Telephone: _____ e-mail: _____

Organization's most recent year-end information:

Year-end Date _____ Annual Receipts _____ Annual Expenditures _____

Name of Project: _____

You must provide the Foundation with a paragraph description of the grant in 50 words or less that will be included on the grant ballot. Your grant will not appear on the ballot unless you complete this item.

Please describe the project purpose on an attached sheet of paper in as much detail as possible.

Project Amount Requested: _____ Total Cost of Project: _____

Specifically describe budgeted use of Project Funds by line item in space below or on an attached sheet in as much detail as possible:

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

If the project expenses are greater than the amount of Women's Fund grant, where will the additional funding come from?

Project Timeline: _____
(beginning date)

_____ (estimated completion date) 20__