



# OZARK COUNTY COMMUNITY FOUNDATION

P.O. Box 400/Gainesville MO 65655

## Application for Financial Assistance

Please read before completing application:

- Application must be completely filled out before it will be put on the monthly Foundation Board meeting agenda.
- Contribution recipients must reside within Ozark County.
- All monies received must go towards the organizations specified request.
- Applicants will be notified by phone or in writing as to the outcome of their request after the monthly Foundation Board meeting.

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Number of individuals, families, or groups served in Ozark County in last year \_\_\_\_\_

State purpose of Organization/Agency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in detail how requested funds will be used, including how money will be spent, who will be assisted, and when/where the event will occur:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that this information is accurate and true. The Ozark County Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. I realize that any false information may result in the rejection of this application.

\_\_\_\_\_  
Printed Name of Organization Representative

\_\_\_\_\_  
Signature of Organization Representative / Date