



*Working
together to build
a brighter future.*

**STE. GENEVIEVE COUNTY
COMMUNITY FOUNDATION**

P.O. BOX 247
STE. GENEVIEVE, MISSOURI 63670

SGCCF General Grant Application

Updated 4/15/11

Submitted by (organization):

Federal EIN (FEIN):

Date Submitted:

Contact Person:

Telephone:

E-Mail:

Address:

Amount Requested:

Date funds needed, if applicable:

- I. Describe your grant request, the goals of this proposed project, and the need it will meet in the community.**

Grant Request:

Goals:

Community needs met:

- II. Describe the total budget for this project, indicating all expenses by category. If this grant request would be part of a larger project budget, please list all budget amounts & sources.**
- II A). If your organization serves a multi-county area, please specify what portion of this project will serve the Ste. Genevieve County area.**
- III. If corporate funds have been received or committed to support this project, please list sources and amounts here:**
- III A). Do you expect to approach other funding sources in support of this project? If yes, please list other sources and targeted amounts.**
- IV. General description and purpose of your organization. Also – please enclose documentation of your 501(c)(3) status.**
- V. Describe plans for publicizing this grant if funds are approved. (The Ste. Genevieve County Community Foundation requires review and approval of all press releases and publicity plans prior to implementation.)**
- VI. Add any other information you feel would be pertinent.**

Note: Further information may be requested at a later time.

Please send completed application to:

**Ste. Genevieve County Community Foundation, P.O.Box 247, Ste. Genevieve,
MO 63670**

**Response to request: _____Approved _____Denied
 _____ Request additional information (date: _____)**

Date of SGCCF Board Approval of this request: _____