



**STE. GENEVIEVE COUNTY
COMMUNITY FOUNDATION**

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

*Working together to
build a brighter
future.*

Form Rev 6/30/06

General grant application form

Submitted by (organization):

Date Submitted: _____

Contact Person: _____

Telephone: _____

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.

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.