



CSCF Use:  
Proposal #:  
\_\_\_\_\_

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## GRANT PROPOSAL FORM

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

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_

Primary contact for this grant \_\_\_\_\_ Name

Title \_\_\_\_\_

Specific purpose for which grant funds are requested (within space provided):

\_\_\_\_\_

Amount requested from CSCF \$ \_\_\_\_\_ Total cost of project \$ \_\_\_\_\_

Period of time which CSCF grant funds will be spent from \_\_\_\_\_ to \_\_\_\_\_

If there are additional funding sources for this for this project/program, please list below

Funding Source	Amount Contributed	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

(OVER)



Organization's Operating Budget \$

Fiscal year \_\_\_\_\_ to \_\_\_\_\_

Eligibility

- IRS 501(c)(3) letter on file
- Affiliated with tax-exempt organization or governmental unit

Does your organization have an annual outside audit?      Yes      No  
 If no, please explain:

Period of time in which funds will be spent from \_\_\_\_\_ to \_\_\_\_\_

Authorized Signer:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

CHECKLIST OF ATTACHMENTS:

- List of Board of Directors
- Proposal Narrative (see details on FAQs page)
- Organizational Budget Summary
- Detailed Project Budget
- One Copy of the Most Recent 990
- Copy of current Secretary of State Charity Registration
- One Copy of the Financial Statement (audited, if 990 shows greater than \$500,000 in gross receipts)

Please mail or hand-deliver (1) printed copy of this application with necessary attachments to the Foundation and one (1) digital copy emailed to **carrie@cherokeestripcf.com**.

