CLAY COUNTY COMMUNITY FOUNDATION
SIMPLE GRANT APPLICATION FORM

1) Applicant: EIN #
2) Project Title:
3) Contact Person Information: Name Phone
Mailing Address Email
4) Amount Requested:
5) List CCCF grants received in the last 5 years (Project title and grant amount):
6) Project Description: (See Need and Impact category in Guidelines):

7) Project Budget A) Funds requested in this application: B) Funds provided by others: C) Funds provided by applicant: D) Total cost of project:
8) Anticipated completion date of project:

The undersigned certifies that 1) they are authorized to represent the organization applying for a grant, 2) the information contained in the application is accurate, 3) the grant will be used only for the purpose outlined above, 4) a picture of the finished project may be displayed on the Foundation's website and, 5) the Applicant will publicly acknowledge the Foundation's grant.

Signature of Project Representative	(Print or type name and title)	Date

Email a copy of this completed form to infocccf@gmail.com by midnight on January 15th.

If the deadline falls on a weekend or holiday, both electronic submission and postmark deadlines are the first working day after January 15th.

If you have questions, please send an email to infocccf@gmail.com

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