TRAER COMMUNITY FOUNDATION

GRANT APPLICATION GUIDELINES

DATE OF APPLICATION									
NAME OF ORGANIZATION									
ADDRESS									
DESCRIPTION OF GRANT PROJECT_									
ATTACH COPY OF PROJECT BUDGET			-						
AMOUNT REQUESTING\$	MOUNT REQUESTING\$ PREFERRED PAYMENT DATE								
IF THERE IS NO REQUEST FOR THE WRITTEN REQUEST FOR A TIME PROJECT, POSTMARKED BEFORE GRANT IS RESCINDED	IE EXTENSION	TO COMPLETE T	HF						
TIMEFRAME FOR PROJECT									
CONTACT PERSON, TITLE AND PHONE NUM	1BER								
IS THE APPLICANT A GOVERNMENTAL BOI	OY (City, School, Etc)	Yes or No							
IF NO, IS THE APPLICANT AN IRS DESIGNA	ΓED 501(C)(3) NON-PR	OFIT ORGANIZATION? Yes or No							
IF YES, THE APPLICANT MUST AT DETERMINATION LETTER	TACH THE ORGAN	NIZATION'S IRS 501(C	(3)						
STATEMENT OF PURPOSE									
DESCRIPTION OF THE ORGANIZATION AND	ITS ACTIVITIES								
COMMUNITY NEED AND BENEFITS TO BE I	DERIVED BY THE COM	MMUNITY							
LONG TERM GOALS OF PROJECT									
SPECIFIC, SHORT-TERM, MEASURABLE OB.	IECTIVES								

SPECIFIC A	CTIVITIES PLA	ANNED					
NUMBER O	F PEOPLE TO	BE SERVEI	O AND FROM W	HAT AGE (GROUP _		
	AMOUNT		REQUESTED	FROM	ANY	OTHER	FUNDING
PLANS FOR	ONGOING FU	NDING					
OTHER INFO	ORMATION TO	O CONSIDE	R				
APPLICA THE FUL UTILIZEI	NT PROVII NDS RECE D. PLEASE	DES THE CIVED, I SUMMA	VILL NOT BOARD WIT FOR THE I RIZE BELO USE, IF AVA	TH A WR MOST R W AND I	ITTEN ECENT	REPORT GRAN	OF HOW F, WERE
GRANT F	UNDS AWA	RDED M	IUST BE RE	QUESTEI	AND	MUST BE	USED IN
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			NSION TO P	ROJECT	COMP	<u>LETION,</u>	<u>SUBJECT</u>
TO BOAR	<u>ED APPROV</u>	<u>AL.</u>					

ATTACH COPY OF ORGANIZATION'S MOST RECENT FINANCIAL STATEMENT

PLEASE DIRECT ANY QUESTIONS TO: FARMERS SAVINGS BANK & TRUST 319-478-2148

DARLYS HULME, PRESIDENT RICHARD A. KRUG, VP/TO SHERRI DENBOW, VP

APPLICATION AND ATTACHMENTS MUST NOT EXCEED 10 TOTAL PAGES. APPLICATION DEADLINE – FRIDAY, April 28, 2023 5:00 P.M.

Please mail 7 copies to: Traer Community Foundation

C/O Farmers Savings Bank & Trust

PO Box 435 Traer, IA 50675