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# MECOSTA COUNTY COMMUNITY FOUNDATION

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## GRANT APPLICATION Cover Sheet

Date of Application \_\_\_\_\_

Legal Name of Organization Applying: \_\_\_\_\_  
(Should be the same as on IRS Determination letter and as supplied on IRS Form 990)

Executive Director: \_\_\_\_\_

Contact Person/Title \_\_\_\_\_  
(If different from Executive Director)

Address (Principal/administrative office) : \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of the Grant (one sentence) \_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_

Dates of the Project: \_\_\_\_\_

\_\_\_\_\_  
Signature, Chairperson, Governing Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Signature, Staff Head of Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title