

**Mecosta County Community Foundation**  
**Designated Funds**  
**Application Cover Sheet**

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

Organization: \_\_\_\_\_  
(Legal name as on IRS determination letter and as supplied on IRS Form 990)

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

Address (principal/administrative office): \_\_\_\_\_  
Street

City State ZIP Code  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Purpose of grant (one sentence): _____	
_____	
Amount Requested: \$ _____	Total Project Cost: \$ _____
Dates of the Project: _____	
Contact Person/Title: _____	
E-Mail Address: _____	Phone #: _____
Address: _____	

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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