

Callaway Electric Cooperative Community Foundation

1313 Cooperative Drive, P.O. Box 250
Fulton, MO 65251
Phone: 573-642-3326 Fax: 573-642-3328

Grant Application for Organization/Agency

Name of Organization: _____

Contact Person: _____ **Title:** _____

Mailing Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Phone Number: _____ **Email Address:** _____

Is this organization/Agency tax exempt under IRS section 501(c)(3)? YES NO

If yes, a copy of the determination letter from Internal Revenue Service must be attached.

State purpose of Organization/Agency:

Number of individuals, families, or groups served in the last year: _____

Amount of Request: _____

List sources of other funding:

State Reason for seeking Callaway Electric Community Foundation Grant:

Please give three business references who are familiar with your organization/agency. (References may not be employees or members of the organization/agency requesting funding.)

1. Name: _____ Phone: _____
Address: _____
Street or P.O. Box City State Zip Code
2. Name: _____ Phone: _____
Address: _____
Street or P.O. Box City State Zip Code
3. Name: _____ Phone: _____
Address: _____
Street or P.O. Box City State Zip Code

Can you proceed with partial funding of this request? YES NO

Comments: _____

If your organization/agency has previously received a Callaway Electric Community Foundation Grant, provide the following information about the most recent grant received:

Date grant received: _____ Amount received: _____

The information contained in this statement is for the purpose of obtaining funding from Callaway Electric Community Foundation on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete that Callaway Electric Community Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. Callaway Electric Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Name of Organization/Agency

Representative Name & Title (please print)

Signature of Representative

Date

Mail completed application and related documents to: **Callaway Electric Community Foundation**
P.O. Box 250
Fulton, MO 65251

Incomplete applications will automatically be denied assistance.