

**GEC Community Foundation, Inc.**

4100 Oklahoma Avenue Trenton, Missouri 64683 1.800.279.2249 Ext. 23

**Application for Grant**

1. Name of Organization or School: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

3. Contact Person: \_\_\_\_\_  
(Name) (Title)

4. Telephone Number: \_\_\_\_\_  
(Work) (Home) (Cell)

5. E-mail Address: \_\_\_\_\_

6. Is organization requesting funds exempt from paying Federal Income Tax? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach a copy of Internal Revenue Service Letter or Form 501 (c) 3 to verify this distinction.

**Not applicable to School Districts.**

7. **Maximum grant \$1,000.** What amount are you requesting (**round up to nearest dollar**)? \_\_\_\_\_  
Is the administration currently funding a portion of this project? \_\_\_\_\_ If yes, how much? \_\_\_\_\_  
If only partially funded by the Foundation, will administration provide the remainder of funds required for project? \_\_\_\_\_

8. List other sources of funding that you have secured: \_\_\_\_\_

8. Who will benefit from grant? \_\_\_\_\_

9. If an organization, please list communities served: \_\_\_\_\_

10. State specific purpose of your request, including details/cost estimate on how funds will be used.  
Attach detailed documentation.

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This information is for the purpose of obtaining funds from the GEC Community Foundation, Inc. on behalf of the undersigned. I understand that the information provided herein is used in deciding grant funds and the undersigned represents and warrants that information provided is true and complete. The GEC Community Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
Signature of Representative, *required*

\_\_\_\_\_  
Signature of Principal/Administration, *required*

**Mail completed request to: GEC Community Foundation, Inc. ATTN: Peggy Boulware**