

GRANT APPLICATION FOR AGENCY FUNDS



The Foundation
PHELPS COUNTY COMMUNITY
ATLANTA • BERTRAND • FUNK • HOLDREGE • LOOMIS

www.phelpsfoundation.org

Held with The Phelps County Community Foundation, Inc.

504 4th Avenue
Holdrege, NE 68949
Phone 308.995.6847
Fax 308.995.2146

Name of Applicant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Telephone: _____

I/We suggest the grants committee review at the next me the following distributions:

Authorized Signature of Agency: _____

To be considered by the Foundation, this request must have an authorized signature, such as president, superintendent or administrator.

PROJECT TITLE AND DESCRIPTION

If the budget for this project is complex, please attach a separate report indication the anticipated expenses and funding sources.

Agency Fund Name: _____

Amount Requested: \$ _____ Anticipated Total Cost of the Project: \$ _____

New or Existing Program: _____

Dates Funding is required: _____

PCCF OFFICE USE ONLY		
PCCF Board Date:	<input type="checkbox"/> Approved Amount:	<input type="checkbox"/> Denied:
Grant #:	Check #:	Date Notified:



Confirmed in Compliance with National Standards for U.S. Community Foundations