



**Greater Butler County Community Endowment
Grant Cover Sheet**

Date: _____

1. Name of Organization			
2. Organization's mailing address			Attention:
3. City	State	Zip	Phone
Amount of grant from Competitive Grant Areas (\$150 minimum to \$300 max) \$	Name of Grant Request:		
	Area of Grant Request (health, arts, community, etc):		
	Special instructions/Purpose (<i>e.g., operating expenses,, special project, program</i>):		

For grant requests that are approved, a check will be mailed to the organization at the address listed above so please confirm mailing address.

I certify that the above request will be used by the nonprofit/tax exempt organization listed above to further the charitable work of the organization for the greater good of the community. I also certify that the undersigned, or any family member of the undersigned, will not receive any personal benefit from this charitable distribution. I also acknowledge the above request is subject to approval of the Board of Directors of the Community Foundation.

Signature

Printed Name and Phone Number

Return completed recommendation form to:
Community Foundation of Greater Butler County,
P.O. Box 851, Andover, KS 67002, or email to foundationgbc@att.net.
Questions? Call the Foundation at (316) 733-0230.

Please note that scholarship funds for the Chelsea Gerbitz Scholarship are available at www.usd402.com/Augusta%20High%20School/scholop.html . At www.usd206.org please find information about the Larry Brown Scholarship Fund, Edna and Mae Mertz Scholarship Fund and Pat Halabi Scholarship Fund. The Clifford and Rubye Angleton Scholarship and the Gary McEachern Memorial Scholarship are available at www.communityfoundationgbc.org. All scholarships have their own application.



Grant Application

Fund for Greater Butler County Spring 2010

General information

Applicant: _____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Contact Person _____ Telephone: _____

Project Title _____

Application Requirements

- All applications must use this completed form as the cover page.
- On a separate page, please list your board members or principal parties.
- Complete the Foundation's application budget page and attach to your application.
- You may include one additional any supplemental materials (brochures, letters of support, etc.)
- Using no more than two, 8½ X 11 single-sided sheets of paper, please tell us about your proposal. Be sure to include the following, and label the following questions by letter in your narrative:
 - a) The mission or purpose of your organization or group.
 - b) A definition of the need, including how the need has been determined.
 - c) The targeted population.
 - d) A description of the project.
 - e) Your expected results.
 - f) Your timetable and process for achieving results.
 - g) How you will evaluate the success of your proposal.

Type of grant requested (see grant guidelines- www.communityfoundationgbc.org)

Project Program Operating Other

Area of grant requested

Arts & Culture Community Preservation & Revitalization
 Health & Human services Animal Welfare

Financial information

Time period of your project: From _____ to _____ Date when funds will be needed: _____

Total project cost \$ _____ CFGB C grant requested \$ _____

Other Funding sources _____

Total grant requests frequently exceed the amount of available funding. Are you willing to accept a grant less than your requested amount? Yes _____ No _____ If yes, is there a minimum grant amount acceptable for the project to proceed? \$ _____

Submit 1 original and 5 copies of the completed application, including additional narrative, budget and board list, by April 9, 2010 to: **Community Foundation of Greater Butler County* * P.O. Box 851 * Andover, KS 67002**

Questions? You may find your answer on our website at www.communityfoundationgbc.org. If not, call the Community Foundation of Greater Butler County office at 316-733-0230, or email us at foundationgbc@att.net



Application Budget Page Fund for Greater Butler County

Applicant: _____ Date _____

Project Title: _____

If project/request is stand alone project list the CFGBC Grant Request as Revenue and then detail per line item corresponding expenses for the project. If request is part of a larger project/request, list all sources of revenue received or anticipated as well as all expenses with specific identification of expenses related to this grant request.

Project Revenue:

CFGBC Grant Request	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL	\$ _____

Project Expenses:

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL	\$ _____

How will the CFGBC dollars specifically be used? _____

Employer Identification Number (EIN) (Required) _____

Is applicant a 501(c) (3) Nonprofit Organization? Yes _____ No _____. If yes, Please complete:

Total Annual Operating Budget of the Applying Organization \$ _____

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns.

Signature

Print Name Here

Title