THE CENTRAL COMMUNITY Foundation

Organization Application

Please complete the following application and return by the 15th of the month prior to the board meeting. The board meets on a bimonthly basis. Incomplete applications will not be funded.

Name of Organization _____ Date _____

Mailing Address _____

City, State, Zip _____ Phone _____

Contact Person _____ IRS Designation _____

Amount of Grant Request _____

Field of Interest: ☐ Health care ☐ Education ☐ Disaster relief ☐ Personal Needs ☐ Community Purpose

Description of Request (Please include date project will begin and date completed)

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Have you previously applied to The Community Foundation of Central Electric Cooperative for funding?

☐ Yes ☐ No

Are you requesting funds from other source(s)? ☐ Yes ☐ No

If yes, please list funding source(s) _____telephone _____

_____

Please indicate a brief budget for this project

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If the project is not fully funded, will it be initiated? ☐ Yes ☐ No

Please submit completed application to

Central Community Foundation
Attn. Erin Talley, Coordinator
P.O. Box 1809, Stillwater, OK 74076
Phone 405-533-4107 • Fax 405-533-4122
MyCentral.coop
etalley@mycentral.coop