

**Boone County Community Foundation
Community Grant Program
Cover & Informational Sheet**

1. Organization _____ Phone _____
Address _____ Email _____
City/State/Zip _____

2. Project/Program Director or Contact Person _____
Address _____ Phone _____
City/State/Zip _____ Email _____

3. Proposed use of funds (for press release)

4. Project/Program Beginning Date _____ Ending Date _____

5. Budget Summary-Organization's most recently completed year
Income _____ Expenses _____
Total Cost of Project _____ Total Support _____
Amount Requested _____

6. We certify that the information contained in this application is complete, true, and correct to the best of our knowledge. Further, we certify that if this grant is awarded, all funds received will be used solely for the described activities in the manner specified in this application. All print materials and publicity for the project/program should say: **"This project was funded, in part, through a grant from the Boone County Community Foundation."**

Authorizing Official (Typed) _____ Date _____

Signature _____ Title _____

Project/Program Director (Typed) _____ Date _____

Signature _____ Title _____