



COMMUNITY
FOUNDATION
of the OZARKS

P.O. Box 8960
Springfield, MO 65806
417-864-6199

Lennie Cloud Fund for the Hearing Impaired

Agency _____ Date _____

Contact person _____ Phone _____

E-mail Address _____

Address _____ Zip _____

Amount requested from Community Foundation of the Ozarks \$ _____

Total cost of project \$ _____ Date funds needed _____

Please answer the following on a separate sheet of paper.

1. Briefly describe your project and how this grant would be used?
2. Who will benefit most from this project:
5. Describe the budget for this project, indicating expenses by category and income by sources.
6. If this project exceeds the stated limited of \$1,300.00 describe the sources of additional funding. Also, state the expected arrival date of these funds.
7. Describe plans for publicizing this award if approved.
8. Add any other information you feel is pertinent.

Date of Governing Board Approval _____

Signature of Board President _____

Please include a list of your board members and a copy of your 501 (c)(3).

Send completed application to: Bridget Dierks, Grants Programs Officer
Community Foundation of the Ozarks
PO Box 8960
Springfield, MO, 65801

DEADLINE FOR APPLICATION IS DUE MAY 19, 2017.