

**MOUNTAIN GROVE AREA  
COMMUNITY FOUNDATION**

P.O. Box 404  
Mountain Grove, MO 65711

**Mountain Grove Area Community Foundation General Grant Application**

**Submitted by (organization):**

Date Submitted: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Date funds needed, if applicable:** \_\_\_\_\_

**I. Describe your grant request, the goals of this proposed project, and the need it will meet in the community. NOTE: Preference will be given to organizations who indicate they will use the Foundation grant as a matching grant in their fundraising.**

**Grant Request:**

**Goals:**

**Community needs met:**

**II. Describe the total budget for this project, indicating all expenses by category. If this grant request would be part of a larger project budget, please list all budget amounts & sources.**

**II A). If your organization serves a multi-county area, please specify what portion of this project will serve the Mountain Grove tri-county area.**

**III. If corporate funds have been received or committed to support this project, please list sources and amounts here:**

**III A). Do you expect to approach other funding sources in support of this project? If yes, please list other sources and targeted amounts.**

**IV. General description and purpose of your organization. Please enclose documentation of your 501(c)(3) status and your Federal EIN number:**

**V. Describe plans for publicizing this grant if funds are approved. (Mountain Grove Area Community Foundation requires review and approval of all press releases and publicity plans prior to implementation.)**

**VI. Add any other information you feel would be pertinent.**

**Note: Further information may be requested at a later time.**

**Application deadline: November 6, 2015.**

**Please return completed application to:**

**Whetstone Veterinary Clinic, Community 1<sup>st</sup> Bank or Mercy Clinic or mail to:**

**Mountain Grove Area Community Foundation**

**P.O. Box 404**

**Mountain Grove, MO 65711**

**For questions contact: Dr. David Gourley, Whetstone Veterinary Clinic 926-6277 or Dr. David Barbe, Mercy Clinic 926-6111**

**Response to request: \_\_\_\_\_Approved \_\_\_\_\_Denied  
\_\_\_\_\_ Request additional information (date:\_\_\_\_\_)**

**Date of MGACF Board Approval of this request: \_\_\_\_\_  
(Updated 10/14)**