

St James Area Community Foundation

An Affiliate of the Community Foundation of the Ozarks, Inc.

c/o Judy Cavender, CFO Board Chair

PO Box 622

St James, MO 65559

Phone: 573-261-1050 E-mail: cavenderj@gmail.com

The St James Area Community Foundation supports organizations and projects serving the St James area. Please complete the following application form and return it with requested attachments to the **St James Area Community Foundation** at the above address. Responses should be printed or typed in the spaces provided. If you have questions, you may contact Judy Cavender, CFO Board Chair or any Board member.

APPLICANT INFORMATION ***Grant checks can only be made out to a 501c3 Organization

Organization: _____

Executive Director: _____

Address: _____

Date Organization Established: _____ Phone: _____

PROJECT INFORMATION

Project Name: _____

Project Contact: _____

Contact's Phone: _____

Contact's E-mail Address: _____

Total Project Budget: _____ Requested Amount: _____

ATTACHMENT CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> This cover page | <input type="checkbox"/> Description of the project* |
| <input type="checkbox"/> List of board members | <input type="checkbox"/> Project's budget |
| <input type="checkbox"/> Letter of agreement from collaborating organization (if applicable) | <input type="checkbox"/> Description of how grant funds will be used* |
| <input type="checkbox"/> Proof of non-profit status (IRS letter 501(c)(3), affiliation, etc.) | <input type="checkbox"/> How will the impact of the grant be measured/evaluated?* |
| <input type="checkbox"/> Description of your organization* | |

(Report to be provided to the STJCFO one year after grant awarded.)

* *Maximum of one page*

Signature of Organization President

Date

Date of STJCFO Board Approval