



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, Vice President of Programs  
Community Foundation of the Ozarks  
PO Box 8960  
Springfield, MO, 65801

**DEADLINE FOR APPLICATION IS DUE MAY 18, 2018.**