

**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:

Please return completed application to:

Mercy Clinic- Mtn. Grove or mail to:

Mountain Grove Area Community Foundation

P.O. Box 404

Mountain Grove, MO 65711

For questions contact: 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 10/17)**