

Ste. Genevieve County Economic Development Fund
Ste. Genevieve County Community Foundation: Attn – CDF/EDF Review Committee
2017 Application Form for EDF Grant

To be considered, please submit seven (7) copies of your grant application.

Request Submitted By:

Date Submitted:

Contact Person {s}:

Telephone:

Address:

Name of proposed project for this request: _____

Funding Amount Requested: _____

I. Please describe your grant request. What are the project's goals and the need it meets in the Community? {attach additional pages as needed}

II A). What is the overall budget for this project, including income by sources and expenses by category?

II B), Please attach quotes, catalog sheets or estimates for project expenses or any items you propose to purchase. If your grant request involves a capital improvement, please attach a schematic diagram and evidence of competitive bids.

II C). For projects awarded from this grant program, the Ste. Genevieve County Community Foundation and the Review Committee require completion of report of expenditures for this award.

Please initial here that you will comply if your request receives an award from this grant program:

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

III B). Have you applied for funds for this project from any other source and been turned down?

III C). Sustainability: Describe your plans for meeting future budget needs and how you will ensure the sustainability of the proposed project. (If the proposed project is a single year project, check here and move to question IV:)

IV. Tell us about your organization and its purpose.

Please enclose documentation of your organizational status and check the type here:

Not for profit 501(c)3 _____ (A copy of the IRS 501(c) 3 letter to be attached).

Govt. entity _____

Other _____

V. For projects awarded from this grant program, the Ste. Genevieve County Community Foundation requests approval of all press releases and publicity plans prior to implementation. Please initial here that you will comply if your application is selected: _____

VI, Please add any other information you feel would be helpful in the review of this application:

Please Note: Further information may be requested by the review committee or board at a later time.

Please deliver completed application between December 1 and December 31st with seven copies to:

Ste. Genevieve County Clerk
55 S. 3rd Street
Ste. Genevieve, MO 63570

Response: _____ Approved _____ Denied _____ Date: _____