

Organization Information

*Organization Legal Name:

Unit Name:

*Federal Tax Identification Number:

*Mailing Address:

*City:

*State:

*Zip:

*Main Phone:

Website:

Person Completing Application

*Prefix:

*First Name:

*Last Name:

*Title:

*Direct Phone:

*Email Address:

Person Responsible for Program/Project

*Prefix:

*First Name:

*Last Name:

*Title:

*Direct Phone:

*Email:

Executive Director/President/Superintendent/Chair of
Organization

*Prefix:

*First Name:

*Last Name:

*Title:

*Direct Phone:

*Email:

Program/Project Information

*Dollar amount requested from MPACF:

*Program/Project Name:

*Program/Project Summary:

Program/Project Information

Program/Project Narrative

*What is the purpose of the program/project and what issue area(s) does it address? How will it affect the youth of our community? Is this a new or ongoing program/project?

Implementation

*Program/Project Start:

*Program/Project End:

*What is the primary "area of interest" of this proposal?

*Is there a secondary "area of interest" this project falls under? Yes

*Please select the secondary "area of interest" of this proposal.

*How would you classify this request for funding?

Budget

[Click to download our recommended Budget Template.](#)

*Please upload a comprehensive line item budget for the project, listing all sources of income and detailing all expenses. Make sure that the total income equals the total expenses for a balanced budget. (Uploads must be PDF formatted documents, sized to 8-1/2"x11")

Declaration and Compliance

*I have read and understand the Mt. Pleasant Area Community Foundation's Grant Guidelines above and agree to comply with the provisions and requirements therein if a grant is awarded.

*The information in this application is true and correct. I have been authorized to submit this information on behalf of the applicant organization.

SAMPLE