

GRANT Application

Organization Information:

Name: _____

Address: _____

City, State, ZIP _____

Eligibility:

Civic Organization

Nonprofit

Amount of Funds Requested: \$ _____

Purpose of Requested Funds: (use additional pages if necessary)

List your organizations qualifications: Please review listing in the Langford Community Foundation Grantmaking Guidelines: (use additional sheets if necessary):

I have read, understand, and attest that the above information is true and complete to the best of my knowledge. I understand that a written follow-up report is required and I will submit such a report upon completion of this project.

Signature and Title

Date