



TWIN FALLS COMMUNITY FOUNDATION GRANT/ PROJECT APPLICATION FORM

THE TWIN FALLS COMMUNITY FOUNDATION, INC. BOARD OF DIRECTORS MEETS THE SECOND FRIDAY OF THE MONTHS OF JANUARY, MARCH, MAY, JULY, SEPTEMBER, AND NOVEMBER. THIS COMPLETED APPLICATION MUST BE PRESENTED BY A REPRESENTATIVE OF THE REQUESTING GROUP, INCLUDING NON-PROFITS, CORPORATIONS, AND BUSINESSES, AT A BOARD MEETING. PLEASE PROVIDE SEVEN COPIES OF THIS APPLICATION

NAME OF APPLICANT:

MAILING ADDRESS:

PHYSICAL ADDRESS (IF P O BOX ABOVE: _____

PHONE: (208-____ - _____

EMAIL ADDRESS: _____

DIRECTOR/CONTACT PERSON: _____

TAX STATUS AND ID# (ATTACH A COPY OF IRS LETTER): _____

AMOUNT OF PROJECT REVENUE: \$ _____

TOTAL PROJECT COST: \$ _____

BRIEF STATEMENT AS TO PURPOSE OF THE GRANT/PROJECT:

IS THIS PROJECT A ONE-TIME OR ONGOING PROJECT?

PARTY RESPONSIBLE FOR THIS PROJECT:_____

PROJECT INFORMATION: ATTACH INFORMATION ADDRESSING ALL OF THE FOLLOWING

- **EXPLANATION OF THE NEED FOR THE PROJECT**
- **BENEFICIARIES OF THE PROJECT**
- **GEOGRAPHIC AREA BENEFITED BY THE PROJECT**
- **TIME TABLE FOR THE PROJECT (INCLUDE STARTING AND COMPLETION DATES)**
- **EXPLANATION OF HOW THE PROJECT BE IMPLEMENTED AND MARKETED**
- **OTHER COMMUNITY ORGANIZATIONS, IF ANY, SUPPORTING THE PROJECT (ATTACH LETTERS OF SUPPORT OR FINANCIAL COMMITMENTS)**
- **BUDGET FOR THE PROJECT**
- **ANY SPECIAL FACILITIES OR PERSONNEL NEEDED TO COMPLETE PROJECT**
- **ANY OTHER SOURCES OF FUNDING FOR THE PROJECT (ATTACH LETTERS OF COMMITMENT)**

AUTHORIZED SIGNATURE OF APPLICANT

POSITION

DATE OF APPLICATION:_____

Submit Application to: Twin Falls Community Foundation, P.O. Box 5632, Twin Falls, ID 83303-5632

Applications need to be submitted no later than the 1st of the month preceding scheduled regularly scheduled

Board Meetings
