



CATTARAUGUS REGION
COMMUNITY FOUNDATION

Grant Application from _____ Fund

Organization _____

Executive Director (or correct title) _____

Contact Person (if different from above) _____ Date _____

Phone # _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Project title _____

Amount requested \$ _____ Estimated project start date _____

Make check payable to: _____

Have you previously received funding from this particular grant process? Yes _____ No _____

[If you answer Yes to the question above, please attach one copy of your final report.]

Please include a copy of the following with this application:

- Copy of IRS 501(c)(3) letter
- Most recent annual report
- List of board of directors

Briefly explain your project and your organization's ability to implement it, the community need it addresses, the impact it will have on Cattaraugus County residents, and what role the Community Foundation grant will play in overall project budget (attach up to 1 page if more space is needed).

Briefly explain how your project will be supported in the future to sustain itself.

Project Budget Template

Expenses	Projected Budget	YTD spent
TOTAL		
Revenue Source	Projected Budget	YTD received
CRCF grant request		
TOTAL		

If additional space is needed you may attach up to 1 page using the budget template above.

I certify that the above information is correct and that the governing board of this organization has approved submitting this grant application to the Community Foundation.

Signature of Executive Director or Board Chair

Name: _____

Title: _____

Date: _____

Email application with required attachments to:

foundation@cattfoundation.org

For Office Use Only			
Date Recd.	Grant #	Board Date	Decision
Program area:		Grant request type:	

**Cattaraugus Region Community Foundation
301 North Union Street, Suite 203
Olean, New York 14760**