# Affiliate Grantmaking Program - Cassville

# Cassville Community Foundation

# Proposed Project Details

# **Organization Purpose\***

Please provide a general description of your organization and its purpose.

Character Limit: 2000

# **Project Name\***

Name of Project.

Character Limit: 100

# **Proposed Program Field of Work\***

Please select one of the follow fields of work which most accurately describes the type of programming your organization will undertake with this proposed program.

#### Choices

Arts, Culture, History & Community Beautification Education & Youth Services Health, Human Services & the Environment

# Request Description\*

Describe your grant request. How will it meet a need in the community? Who will be impacted by the project? What are the goals of the project?

Character Limit: 3000

# Scope of the Project\*

If this project supports a multi-county area, provide information on the component of the project that will specifically serve the Barry County area.

Character Limit: 2000

# **Future Funding Plans\***

If funding is provided in this grant round, what funding opportunities will continue to maintain the program beyond this grant?

Character Limit: 1000

### **Publicizing the Grant\***

If this proposal is funded, how will your agency communicate this news to the public and to your constituents?

Character Limit: 1000

### **Project Budget\***

Please provide the committee with a brief itemized total project budget inclusive of the Community Foundation request. Please use chart below.

# Financial Details

# Other Funding Sources\*

Do you have currently or anticipate other funding sources to support the proposed project? If yes, briefly describe.

Character Limit: 1000

#### **Additional Information**

Provide any additional details you feel need to be included but are not elsewhere in your application (optional).

Character Limit: 1000

Thank you for completing this grant application. The Cassville Community Foundation Board of Directors will be in touch regarding your proposal.

# **BUDGET**

Please provide the committee with a brief itemized total project budget inclusive of the Community Foundation request, as listed below.

Project Expense	Explanation	External Funding	Agency Funding (in-kind or internal budget)	Community Foundation Requested Funding	Total Item Expense

TOTAL:	\$ \$	\$ \$