



## Mini Grant Application Form up to \$250.00

**Due dates: March 1, June 1, September 1, December 1**

To submit, scan a pdf or mail completed application to [mary@localforever.org](mailto:mary@localforever.org) or Our Community Foundation, PO Box 84, Washington, IN 47501.

Date of Application: \_\_\_\_\_ EIN: \_\_\_\_\_

Legal name of organization applying: \_\_\_\_\_  
(Should be same as on IRS determination letter & Form 990)

Year Founded: \_\_\_\_\_ Total Current Annual Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact person/title/best phone number  
(if different from executive director): \_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Date: \_\_\_\_\_

Goals and/ or Purpose of Project (one sentence): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community Need(s) the Project Addresses: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Geographic Area and Number Served: \_\_\_\_\_

\_\_\_\_\_  
*Signature, Chairperson, Board of Directors*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title*

\_\_\_\_\_  
*Signature, Executive Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title*