



**EDWARDSVILLE COMMUNITY**  
 Foundation  
*Connecting Donors to Our Communities*

**GRANT APPLICATION FORM COVER SHEET**

Completed forms can be mailed to ECF or emailed to [contact@edwardsvillecommunityfoundation.org](mailto:contact@edwardsvillecommunityfoundation.org).

**PROJECT SPONSOR'S NAME (ORGANIZATION APPLYING):** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CONTACT PERSON & TITLE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

GRANT REQUEST: \$ \_\_\_\_\_ TOTAL PROJECT COST: \$ \_\_\_\_\_

PROJECT START DATE: \_\_\_\_\_ PROJECT END DATE: \_\_\_\_\_

GEOGRAPHICAL AREA SERVED BY YOUR PROJECT: \_\_\_\_\_

TYPE OF REQUEST:  Program  Equipment  Other (please specify) \_\_\_\_\_

<p><b>PROJECT SUMMARY:</b> Please summarize your project in 100 words or less: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--

Has your governing body approved a policy which states your organization will not discriminate as to age, race, religion, sex, handicap or national origin?  No  Yes

Has your governing body formally approved this project and authorized you to submit this Grant Application?  No  Yes

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

\_\_\_\_\_  
*Signature and Title of Chief Executive Officer or Board Chair*