



# Community Impact Grant (CIG) Application

## Cover Sheet up to \$500.00

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

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

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

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

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

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

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

FAX Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Purpose of Grant (one sentence): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

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

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

\_\_\_\_\_  
*Typed Name and Title*

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

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

\_\_\_\_\_  
*Typed Name and Title*

**FOR INTERNAL USE ONLY:**

Grant #: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Delivered/Mailed: \_\_\_\_\_