

CSCF Use: Proposal #:

GRANT PROPOSAL FORM

324 North Van Buren Phone 580.234.3988

P.O. Box 263 580.234.3311 Enid, OK 73702 mary@cherokeestripcf.com

Name of Organization		
Address		
Phone Fax	E-Mail	
Chief Executive Officer		
Primary contact for this grant		
Specific purpose for which grant fund	Titles are requested (within space provide	ed):
Amount requested from CSCF \$	Total cost of project \$	
Period of time which CSCF grant funds	will be spent fromto	
If there are additional funding sources	s for this for this project/program, plea	se list below
Funding Source	Amount Contributed	Status

(OVER)

Organization's Operating Budget\$			
Fiscal yeartoto			
Eligibility			
	IRS 501(c)(3)		
	Affiliated with tax-exempt organization or governmental unit		
	Other - please give specific explanation		
Does your organization have an annual outside audit?YesNo			
Period of time in which funds will be spent fromto			
Signature of Chief Staff Member & Officer of the Board of Directors			
Chief Staff Member:		Board of Directors:	
Print Name		Print Name	
Signati	ure	_Signature	
Title		Title	

Please mail or hand-deliver (8) copies of the proposal to the Foundation Office at the requested deadlines. Faxed proposals will not be accepted.

Cherokee Strip Community Foundation 324 North Van Buren Enid, OK 73703 P.O. Box | Enid, OK 73702

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