

CSCF Use: Proposal #:

GRANT PROPOSAL FORM

324 North Van Buren Phone 580.234.3988

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

Name of Organization				
Address				
Phone Fax	_ E-Mail			
Chief Executive Officer				
Primary contact for this grant		Name		
	Title			
Specific purpose for which grant for				
Amount requested from CSCF \$	Total	cost of project \$		
Period of time which CSCF grant fur				
If there are additional funding sou	ces for this for this projec	t/program, pleas	e list below	
Funding Source	Amount Cont	ributed	Status	
Ŭ				
	-		-	
	(OVFR)			

(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 N	ame	Print Name		
Signati	ure	_Signature		
Title		_Title		

Please mail or hand-deliver (6) copies of the proposal to the Foundation and one (1) digital copy emailed to carrie@cherokeestripcf.com. (Faxed proposals will not be accepted.)

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

580.234.3988 | 580.234.3311 carrie@cherokeestripcf.com