

Chugiak-Eagle River Foundation
P.O. Box 770301
Eagle River, AK 99577
907-694-4702
E-mail: info@cerfoundation.org
Web site: www.cerfoundation.org
GRANT APPLICATION

Legal name of organization

Address of organization

City

State

Zip Code

Phone/Fax number

Web-site address

Date of incorporation

Federal Tax ID #

Organizational status IRS 501(c)(3)

Other (explain)

Mission of organization

Name of Chief Executive Officer

Title

CEO telephone number

CEO email address

Contact for this application

Contact title

Contact telephone number

Contact email address

Project budget

Amount requested

\$

\$

Specific purpose for which funds are requested

Signature of authorized official (Board Chair or CEO)

Date

Typed Name

Title

Financial Summary	Last complete fiscal year (actual)	Current Fiscal Year (budget)
Operating Revenue	\$	\$
Operating Expenses	\$	\$

CHECKLIST FOR APPLICANT

Organization: _____

Project title: _____

Request amount: _____

Check each box or line to indicate that the guidelines have been followed.

Submit the original proposal and three photocopies, unbound, fastened only by a binder clip. Do not use staples, folders or binders. Type application, using font size no smaller than 10.

Submit only materials specifically requested.

Provide requested materials in the order described below.

Proposal Preparation

Application with original signature of top ranking official in your organization

Narrative (up to 2 pages, single-sided)

Brief history of organization

Services provided

Geographical area served

Number of beneficiaries

Description of project

Identify need for project

Current status

Timeline for implementation

Project total cost

Itemized list of specific project items and costs (may be attached as separate 3rd page)

The amount requested from the Chugiak/Eagle River Foundation

And, if relevant, list the source(s) and amount(s) of any project funds raised to date or pending, and how the organization anticipates raising the balance

Attachments

IRS 501 (c) (3) tax exemption letter, if applicable

Twelve-month statement of revenues and expenses for most recently completed fiscal year, including current year operating budget, showing anticipated sources of both revenues and expenses

Independent estimate of costs of a project – **including bids for materials or services.**

Sign, date, and include this checklist with application

Signature _____ Date _____