



## Community Grant/Donation Application

Please complete this application and return to FNCB via email at grants@fn-cb.com. ***Make sure to include a copy of your IRS 501(c) (3) tax determination letter. Please attach any additional explanation on a separate sheet(s), indicating the number of the section being addressed.***

Today's Date: \_\_\_\_\_

Organizations Legal Name: \_\_\_\_\_

EIN#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Mission statement/vision/primary objectives of your non-profit organization:

2. Total cost of the project/service: \_\_\_\_\_

3. Dollar amount requested: \_\_\_\_\_

4. Describe targeted community need and importance of this request:

5. How will the grant/donation be used?



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6. What is the desired goal/achievement?

7. Describe what the successful outcome of your project looks like to you:

8. Do you have partner(s) in this project/service? Yes      No

If yes, explain the role of the partner(s):

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Preferred contact information of Executive Director/President:

=====  
*For FNCB Internal use only.*

Date application received: \_\_\_\_\_ Received by: \_\_\_\_\_