



## Grant Request Application

Applications are reviewed by the CoVantage Cares Foundation, Inc. Board of Directors on a quarterly basis.

### APPLICANT INFORMATION:

Date submitted: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization EIN: \_\_\_\_\_ Is your Organization tax exempt? \_\_\_\_\_

If yes, please attach tax exemption letter or other evidence of tax exemption. (proof of your exempt status)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

### PROJECT INFORMATION:

Please address the following questions on a separate sheet of paper, in 500 words or less, along with the completed Grant Request Application.

1. Describe the proposed program, project or event.
2. Describe the specific need the funding would support.
3. What are the goals of the program, project or event (these should be measurable)?
4. Describe the total number and demographic of the individuals that will benefit from this request, (example: provide 100 youth aged 4-10 with 2 healthy meals a day for 50 days).
5. This donation will primarily serve (City/County): \_\_\_\_\_
6. Please include a budget which supports your request, and purchase documentation for the amount requested.

Total project/program expenses for this request: \$ \_\_\_\_\_

Amount requested of CoVantage Cares Foundation, Inc.: \$ \_\_\_\_\_

Have you requested funding for this project from other grant providers?  Yes  No

Project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_ Date funding is needed: \_\_\_\_\_

Is this project/program/event:  New  Ongoing  Both

Primary area of community impact addressed by *this* specific request:

- Community Enhancement  Education/Financial Development  Health & Safety  Food
- Housing  Other not-for-profit support (please specify) \_\_\_\_\_

**ADDITIONAL ORGANIZATION INFORMATION:**

Year of Incorporation: \_\_\_\_\_

What is your organization’s mission? \_\_\_\_\_

Has your organization applied to CoVantage Cares Foundation or CoVantage Credit Union for funding in the past 24 months? If so, how much was awarded? \_\_\_\_\_ and what was that specific request for:

I/We certify that the information provided in this application is correct to the best of our knowledge. I/We understand that additional information may be required by CoVantage Cares Foundation, Inc. to aid the Board of Directors in their review of this request, and we are available to answer your questions.

The undersigned grants to CoVantage Cares Foundation, Inc. and CoVantage Credit Union, its representatives and employees (collectively, “CoVantage”) the right to take photographs of me/my organization, its employees, representatives, members, and property in connection with this grant request; and further authorizes CoVantage and its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that CoVantage may use such photographs with or without my/my organization’s name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Representative (Print Name & Title)

\_\_\_\_\_  
Contact Person (Print Name & Title)

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Dated Signed

**How did you learn about CoVantage Cares Foundation, Inc.?**

- CoVantage Staff
- CoVantage Website
- Facebook
- Email
- Other \_\_\_\_\_

**Describe how CoVantage Cares Foundation support will be recognized or acknowledged:**

(Please check each item that applies)

- Banner at event
- Logo in Print Ads or digital campaigns
- Named in media releases
- Name in Radio ad(s)/Logo in TV Ad
- Program Ad
- Other \_\_\_\_\_

**All grant applications are subject to review of the organization’s mission, reputation and activities and the organization’s agreement to comply with any terms and conditions that may accompany the grant. Submission of an application does not guarantee funding.**

**Please submit all information via email to [covantagecares@covantagecu.org](mailto:covantagecares@covantagecu.org) or to the address listed at bottom of this page.**