



## BRONZE GRANT APPLICATION FORM

Applicant \_\_\_\_\_

Project Title \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Will the project be possible without CCLF funding? Yes No

Project Description

*Limit of 2048 characters*

SAMPLE

## Project Budget

	Funds available
Funds requested in this application	\$
Funds provided by others	\$
Funds provided by applicant	\$
Total cost of project	\$

Anticipated completion date of project \_\_\_\_\_

The undersigned certifies that

1. they are authorized to represent the organization applying for a grant,
2. the information contained in the application is accurate,
3. the grant will be used only for the purpose outlined above,
4. a picture and receipts of the finished project will be emailed to cclf51012@gmail.com
5. the Applicant will publicly acknowledge the Cherokee County Legacy Foundation's grant.

Representative Name \_\_\_\_\_ Title \_\_\_\_\_

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