



SILVER/GOLD GRANT APPLICATION FORM

Grant for which you are applying? Silver Gold

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

501(c)(3) status ☐ Yes ☐ No 501(c)(3) EIN # _____

If no, Fiscal Sponsor _____ Fiscal Sponsor EIN# _____

Grant Contact Person _____

Phone _____ E-mail _____

Major sources of operating funds (by %)

Organization's Annual Operating Budget \$ _____

Name of Project _____

Description of project for which funds are requested (25 words or less)

Specifically, how will funds be used _____

Anticipated start date _____ Anticipated completion date _____

Client group (and number) served by project _____

Total Project Cost \$ _____

Total Amount Requested from Cherokee County Legacy Foundation \$ _____

Will the project be possible without CCLF funding? Yes No

Board Officer _____ Title _____

Board Office Signature _____ Date _____

PROJECT DESCRIPTION – NEED AND IMPACT

In the space below, describe your proposed project. What do you plan to do, and why? Why is a CCLF grant needed to make this project happen? What will be the result of this project? Describe individuals impacted by this project. How will Cherokee County communities be enhanced or improved by this project?

Limit of 2048 characters



BUDGET FUNDING SOURCES OR NARRATIVE

In the space below describe your Budget Funding Sources. Has the applicant secured matching or in-kind funding? Is the budget realistic? Will the project be possible without CCLF funding? Is this a one-time event or an on-going project? If ongoing, how will it be sustained?

Limit of 2048 characters

SAMPLE

BUDGET

Income

	Source	Amount
In-kind Volunteer Donations		\$
In-kind Staff Hours		\$
Donations		\$
Other Income		\$
Cherokee County Legacy Foundation Request		\$
Total		\$

Expenses

Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Please attach quotes and estimates