

Ste. Genevieve County Economic Development Fund
Ste. Genevieve County Community Foundation/Review Committee
Application Form for EDF Grants

Submit completed application to Ste. Genevieve County Clerk's office. To be considered, please submit seven (7) copies of your grant application.

Submitted By:

Date Submitted:

Contact Person {s}:

Telephone:

Address:

Name of proposed project for this request:

Funding Amount Requested:

I. Please describe your grant request. What are the project's goals and the need it meets in the Community? {attach additional pages as needed}

II A). What is the overall budget for this project, including income by sources and expenses by category? Attach or scan project budget to submit with this application.

II B), Please include quotes, catalog sheets or estimates for project expenses. If your grant request involves a capital improvement, please attach a schematic diagram and evidence of competitive bids.

II C). For projects awarded from this grant program, the Ste. Genevieve County Community Foundation and the Review Committee require completion of report of expenditures for this award.

Please initial here that you will comply if your request receives an award from this grant program:

III A). Do you expect to approach other funding sources in support of this project? If yes, please list other sources and targeted amounts.

III B). Have you applied for funds for this project from any other source and been turned down?

III C). Sustainability: Describe your plans for meeting future budget needs and how you will ensure the sustainability of the proposed project.

IV. Tell us about your organization and its purpose.

Please enclose documentation of your organizational status and check the type here:

Not for profit 501(c)3 _____ (A copy of the IRS 501(c) 3 letter to be attached).
Govt. entity _____
Other _____

V. For projects awarded from this grant program, the Ste. Genevieve County Community Foundation requests approval of all press releases and publicity plans prior to implementation. Please initial here that you will comply if your application is selected: _____

VI, Please add any other information you feel would be helpful in the review of this application:

Please Note: Further information may be requested by the review committee or board at a later time.

Please deliver 7 full copies of completed application in order to be considered to:

Ste. Genevieve County Clerk
55 S. 3rd Street
Ste. Genevieve, MO 63570

Response: _____ Approved _____ Denied _____ Date: _____