El Dorado Springs Community Foundation Grant Application

Applicant Name: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Email address: _____

1. Please briefly describe your project.

2. Goals – What do you want to accomplish?

3. Objectives – How will your accomplish your goals? How many people will be impacted with your project? When do you expect to see results from your project?

4. Budget – What is the projected cost of your project? Is there a need for ongoing funding? If so, how will your acquire funds for future?

Please return completed application to El Dorado Springs Community Foundation, 5620 E 350 Rd, El Dorado Springs, MO 64744 or email to kforest2009@hotmail.com