

Decatur County Community Foundation, Inc.
Agriculture Field of Interest Fund
Grant Application

Organization/Group: _____ Tax EIN number: _____

Address: _____

email address: _____ Phone: _____

Contact Person: _____

Signature of Executive Leader: _____

This organization is a 501(c)3: _____yes(please attach determination letter)
_____no(attach a signed statement from the organization who will act as your fiscal agent)

Project timeline(include start and end date):

Start Date: _____ Estimated completion _____

Annual Receipts _____ Annual Expenditures _____

Name of Grant Project _____

How many people will be impacted by this program? _____

Describe Project Purpose in Space Below:

Why do you think this program is needed?

Why do feel this program is important for Decatur County?

How is this program related to agriculture?

Will you collaborate with another group? If so, who?

Project Amount Requested _____
(contact DCCF for current grant amount available)

Describe budgeted use of Project Funds by Line Item in Space Below:

Budget item	Dollars amount	Specific details—i.e. this box would be to confirm a quote or to tell us the name of a speaker.
Total project cost:		

If the total project cost is more than the grant amount how will you finance the rest of the program?

For Foundation use only:

Date Received: _____ Grant Number: _____
Board Action Date: _____ Approved: _____ Declined: _____

Grant Conditions or Notes: