



CELEBRATE MUNFORD GRANT APPLICATION

Organization Name: _____

Federal 501.c3,c4, c6 or c19 Tax ID EIN# _____

Address: _____ City _____ Zip _____

Contact Name: _____

Phone: _____ Email _____

What service does your organization provide to the community? Are the same services provided by another agency in the community/county?

Describe how the funds from this grant will be used in the Munford/Tipton County community and the direct benefit.

Amount Requested: _____ (maximum amount of \$1,000)

Organization Representative: By signing below I acknowledge this request is not a guarantee of funding. Funding approval is subject to the guidelines of Celebrate Munford, Inc. A current financial statement is required. Applications must be postmarked no later than August 13, 2017. Grants will be awarded at Celebrate Munford on September 16, 2017.

Signature _____ Print _____ Date _____

Mail to: Celebrate Munford, Inc. P. O. Box 1257, Munford, TN 38058