



## 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 September 13, 2019. Grants selectees will be notified after November 18, 2019.*

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

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