



## GRANT APPLICATION FORM

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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 January 29, 2010.*

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

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