## **ORGANIZATION APPLICATION**



Please complete the following application and return to the Central office. Giving is limited to organizations in Central's service area. Organizations can receive a maximum of \$10,000 in a year.

NAME OF ORGANIZA				DATE	
ADDRESS					
CITY, STATE, ZIP				PHONE _	
IRS DESIGNATION		CONTA	CT PERSON		
AMOUNT OF GRANT	REQUESTED				
FIELD OF INTEREST:					
HEALTHCARE	EDUCATION	DISASTER RELIEF	PERSONAL N	IEEDS	COMMUNITY PURPOSE

DESCRIPTION OF REQUEST (PLEASE INCLUDE DATE PROJECT WILL BEGIN AND BE COMPLETED. ADDITIONAL PAGES MAY BE ATTACHED IF NEEDED.)

HAVE YOU PREVIOUSLY APPLIED TO THE CENTRAL COMMUNITY FOUNDATION FOR FUNDING?

YES NO

ARE YOU REQUESTING FUNDS FROM OTHER SOURCE(S)? YES NO

IF YES, PLEASE LIST FUNDING SOURCE(S) AND TELEPHONE NUMBER(S):

AMOUNT

PLEASE INDICATE A BRIEF BUDGET FOR THIS REQUEST (ADDITIONAL PAGES MAY BE ATTACHED IF NEEDED).

IF THIS REQUEST IS NOT FULLY FUNDED, WILL IT BE INITIATED? YES NO

By signing below, you affirm that the information presented on this application is accurate. (Applications that are not signed will not be processed or considered by Operation Round Up board of directors)

APPLICANT SIGNATURE

DATE \_\_\_\_\_



## Completed applications can be:

- Mailed to Central Community Foundation, P.O. Box 1809, Stillwater, OK 74076
- Emailed to Erin Talley, Foundation Coordinator at etalley@mycentral.coop
- Faxed to 405-533-4283
- Delivered to the Central office at 3305 S. Boomer Rd., Stillwater, OK 74074

Or visit *https://MyCentral.Foundation/Apply* to complete the web application.