

**McLean Community Foundation
Grant Application**

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person/Title: _____

Email: _____

Please submit 9 copies of this application by mailing it to the McLean Community Foundation, P.O. Box 75, McLean, VA, 22101. All applications must be postmarked no later than February 1, June 1, or October 1 (depending on the grant cycle in which the request is made). While the application is pending, the applicant should notify the MCF of any material changes in the information set forth in the application.

Organization Background Information

Describe the purpose of the Organization (this may be attached)

Describe the geographic area the Organization serves (this may be attached)

Number of individuals, residing in McLean Planning District, served each year ____

Number of paid staff: _____

Number of volunteers: _____

Fees charged for Organization's services: _____

(If there is a sliding scale of fees please describe)

List of Board of Directors and Officers: _____

Date of incorporation and tax status: _____

Organization Grant Request

Total amount requested of MCF: \$ _____

Seed money amount: \$ _____

Challenge grant amount: \$ _____

Matching grant amount: \$ _____

(If a matching grant please indicate amount secured and source of funds)

Describe the proposed project (this may be attached)

Describe the project administration (this may be attached)

Describe the ways in which this project benefits the residents of the McLean Planning District.

Projected start date: _____

As the lawfully appointed representative for the above-named organization I affirm that all the statements made in this application are, to the best of my knowledge, true.

Name: _____ (Signature)

_____ (Print)

Title: _____ Date: _____

To complete the application please attach the following information:

Balance sheet

Income statement

IRA Tax Determination letter (if applicable)