**TCF**

**THE COMMUNITY'S FOUNDATION**

# Community Service Grant Application

Organization Name   _____

CEO/Executive Director   _____

Address   _____

_____

Phone   _____

Contact Person   _____

Contact Person, Title   _____

Contact Person, Email   _____

Signature   _____

Please Attach the Following Information (2 Page Limit):

- ➢ Project/Program Name
- ➢ Project/Program Description
- ➢ Amount Requested
- ➢ Total Project/Program Budget
- ➢ Total Organizational Budget
- ➢ Timetable
- ➢ Impact on Service Area (see Grant Guidelines)
- ➢ Anticipated Outcomes and Results
- ➢ Long-term Strategies for Funding this project/program beyond this grant period
- ➢ Supporting Materials
  - o Organizational Chart
  - o Board Membership (Name & Affiliations)

**Deliver, Mail or E-mail to:**
The Community's Foundation
900 W. Sproul Road, Suite 101
Springfield, PA 19064
610-461-6571
Info@TCFhelps.org