

MISSION STATEMENT

The Centralia Community Foundation will provide dedicated leadership, fundraising and a commitment to create positive change in Centralia. Through philanthropic investment, visionary leadership and strategic grant making, we will partner with donors to support education, civic enhancements and health and human services that will improve the quality of life for all of our citizens.

FUNDING REQUEST FORM

ADD ADDITIONAL PAGES IF NEEDED

DATE OF REQUEST:

REQUESTING ORGANIZATION:

ADDRESS:

PHONE: ()

WEBSITE:

EMAIL:

TOTAL OF REQUESTED AMOUNT:

DATE OR SCHEDULE:

Description of project or event for which you are requesting support: Describe in detail the program or project, including the need being addressed, area served, objectives and goals, the time-line of the project, a description of the affected population, and anticipated outcomes or measures of success.

Provide a detailed budget for this request: Include other funding being granted and a list of milestones and deliverables.

ORGANIZATION INFORMATION

ADD ADDITIONAL PAGES IF NEEDED

Requesting Organization Information: A description of the organization, history, goals and objectives, programs and services and organizational structure.

Geographic area and audience/market served by organization:

Recognized federal status (check the one that applies): 501(c)3 — or — 501(c)4

Provide Federal ID number:

List of Board of Directors including officers:

Does your organization raise money or have other sources of revenue?

PRINT NAME:

SIGNATURE:

TITLE OF APPLICATION PREPARER:

ADDRESS:

TELEPHONE: ()

EMAIL:

Return this form to: Centralia Community Foundation, PO Box 1652, Centralia, WA 98531