



The Cookie Jar Grant Application

Deadline: September 15, 2010

Please read the Cookie Jar Grant Guidelines prior to completing this application. Questions may be directed to the Foundation at **765.884.8022** or **ashley@bentoncf.org**. Good Luck!

ORGANIZATION

Organization Name _____

Mailing Address _____

City, State, Zip _____ **Telephone** _____

Email _____ **Fax** _____

Contact Person _____ **Position** _____

Email _____ **Telephone** _____

Federal ID Number _____

Type of Organization **501(c)3** _____ **Government** _____ **Education** _____

Other _____ **Please explain** _____

GRANT SUMMARY

Please provide a brief summary of your program in the space below.

Amount Requested (not to exceed \$2,000) _____ **Total Cost of Program** _____

PROGRAM DETAILS

How will your project benefit the overall health or well-being of women or girls in Benton County?

Please share the anticipated timeline of this program from start to finish.

What are your top three goals for this program and how will you know if they've been reached?

BUDGET DETAILS

Please detail your anticipated budget for this program.

INCOME	AMOUNT

EXPENSES	AMOUNT

If this is an ongoing program, how do you expect to finance it in the future?

If the Cookie Jar is unable to provide full funding, will you be able to complete it through alternative sources of funding? Please explain your answer.

ATTACHMENTS

Please attach the following documents to your completed application:

- List of your organization's board of directors and staff/lead volunteer(s)
- Documentation of anticipated expenses if applicable (descriptions of items to be purchased from printed catalogs or online sources)

CERTIFICATION

We hereby affirm that the information provided in this application is accurate and complete to the best of our knowledge. We agree to verify any statements presented in this request.

Applicant's Signature _____ Date _____

Board Officer Signature _____ Date _____