Lamoni Freedom Fund South Central Iowa Community Foundation 705 Ilion Ave – Chariton, IA 50049

Grant Application for organizations located/operating within Lamoni School District

1.	APPLICANT requesting funding: Applicant Address:				
	Contact Person	:	Phone:	Email:	
2.	Federal Tax ID # of Applicant				
3.	FISCAL SPONSOR (if applicant is not a 501(c)3 from above): Fiscal Sponsor Address:				
	Contact person	:	Phone:	Email:	
	Federal Tax ID #:				
4.	Project Title:				
5.	5. Brief Description of Project:				
6.	 Cost of Project: a. Amount of grant request: \$ b. Amount provided by others: \$ c. Amount provided by applicant: \$ d. Total Cost of Project: \$ (Sum of lines A, B, and C must equal line D. Line C should be no less than 25% of Line D) 				
7. Anticipated completion date of Project:					
Signature:					
Contact Diane at the foundation office with any questions: 641-217-9105 or email diane@scicf.org			Date:		

Application must be postmarked by **October 1st**

no attachments please

Mail 8 copies of this one page to:

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