

**APPLICATION
BARNESVILLE AREA COMMUNITY FUND
GRANT PROGRAM**

PART 1. BACKGROUND INFORMATION

ORGANIZATION NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ TITLE: _____

PROJECT TITLE: _____

AMOUNT SOUGHT: \$ _____ TOTAL PROJECT COST: \$ _____

PROJECT PERIOD: From _____ To _____

ORGANIZATION TAX STATUS: 501(c)3
 Unit of Government
 Public Agency (Government Created)
 Other _____

PROJECT DESCRIPTION: *In the space below or on an attached page or two, please describe what you expect to accomplish with the requested grant and why you feel it is important for the community of Barnesville.*

CERTIFICATION: I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested on behalf of the organization named above:

Signature Title Date