



**◆◆◆ GREATER DRIPPING SPRINGS
COMMUNITY FOUNDATION**

Working together for the common good, and the good in all of us.

GRANT APPLICATION

Date: _____ Name of Applicant: _____

Street Address: _____

City/State/Zip: _____

Mailing Address: (if other than above) _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____ Website: _____

Has your organization ever received a grant from the Greater Dripping Springs Community Foundation?

No Yes If yes, list below any grants received over the past five years.

Date of Grant	Amount of Grant	Purpose (brief description)

Amount of current request: \$ _____ Total Project Cost: \$ _____

Purpose:

Current operating budget for your organization: \$ _____



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PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. List below other sources of support for the proposed project or program, including total contributions committed to date.
2. State your organization's mission, goals, and major achievements.
3. Describe the project including the need, the background, specific activities, their expected achievements and their evaluation.
4. Provide a complete project/program budget including facilities, equipment, and staff support.
5. If awarded, how will GDSCF funds be used in relation to the total cost and how will additional funds, if any, be obtained?
6. When will the proposed project/program be implemented and completed? How will you measure the success or completion of the project?
7. Who are the key personnel in the program/project and what are their roles?
8. Who will benefit from this program or project? Include the expected number of persons to be served by this project/program.

PLEASE INCLUDE A COPY OF:

- Your annual report and/or financial statement and audit or Form 990 if applicable
- A copy of your annual budget; a list of your trustees and officers
- A copy of your letter of determination of 501(c)(3) status.

PLEASE SUBMIT THE ORIGINAL AND ONE COPY OF YOUR PROPOSAL TO:

Susan Richardson, President
Greater Dripping Springs Community Foundation
P. O. Box 1684 Dripping Springs, TX 78620

Chairman or President of the Board: _____

Signature: _____ Date: _____