

**MAIN STREET COMMUNITY FOUNDATION
GRANT PROPOSAL SUMMARY SHEET**

Date Received

Agency/ Organization Information:-

Name: _____
Mailing Address: _____
Telephone and Fax Numbers: Tel. _____ Fax _____
Contact Person's Name and Title: _____
Contact's Telephone and Fax Numbers: Tel. _____ Fax _____

Briefly describe the principal services and purposes of your organization:

State the amount of your request: _____

Describe the purpose for which you are requesting funds; please state outcomes and the relevant evaluation criterion.

Do you possess an Internal Revenue Service letter stating that you are a 501 (c)(3) organization? Yes _____ No _____

Signature of Board Chairperson (Indicating Board Approval) Print name and title

**Signature of Executive Director (or equivalent)
title**

**Print name and
title**

