



## Catonsville Community Foundation

### Grant Application Funding Guidelines:

---

The Catonsville Community Foundation is pleased to offer your organization the opportunity to apply for our Small Grant Program. The grant program is available to local 501-c organizations doing good things for our community. Please fill out the following application and submit it as instructed. There is no deadline for application. The Board of Directors will review applications and award as budgetary limitations allow.

The following are ineligible for application to the Catonsville Community Foundation Grant Program:

- Debt retirement
- Non 501(c) organizations
- Annual drives or annual giving campaigns
- Government agencies or departments (including public schools, public recreation centers, etc.) Non-profit scholastic organizations may apply.
- Membership, sponsorship or affiliation campaigns, dinners, or special events
- Endowments or capital campaigns
- Grants to individuals, including scholarships, sponsorships, camperships and other forms of financial aid and assistance
- Political causes, candidates, organizations or campaigns

### **General Information**

Organization IRS/Employer Identification Number (EIN)\*[Click here to enter text.](#)

Name of Organization\*[Click here to enter text.](#)

Legal Name, if different[Click here to enter text.](#)

Tax-Exempt Determination Letter

A copy of the nonprofit organization's current Internal Revenue Service tax-exempt determination letter confirming section 501(c) status of the Internal Revenue code. Insert here.

Address[Click here to enter text.](#)

City[Click here to enter text.](#) State [Click here to enter text.](#) Zip [Click here to enter text.](#)

PhoneClick here to enter text.

FaxClick here to enter text.

WebsiteClick here to enter text.

### **What is your organization's mission?**

Click here to enter text.

**Provide an estimate of your organization's total annual operating budget during the period of time this project will be conducted.**Click here to enter text.

### **Describe how your organization positively impacts the community**

Click here to enter text.

### **Project Description**

Please briefly describe how the requested funds will be used (500 words or less).

Click here to enter text.

### **Budget**

Please attach a budget for the proposed project. What will happen to the proposed project if you don't receive funding from the Foundation? Click here to enter text.

### **Contact Information**

PrefixClick here to enter text. First NameClick here to enter text. Last NameClick here to enter text.

Office PhoneClick here to enter text. ExtensionClick here to enter text.

E-mailClick here to enter text.

**Return completed application to:  
Scott Graham, Treasurer, Board of Directors  
730 Oella Ave.  
Ellicott City, MD 21043  
[Bhealth1@verizon.net](mailto:Bhealth1@verizon.net)**