



CLAREMONT

COMMUNITY FOUNDATION

Grant Application

FOR MORE INFORMATION CALL US AT (909) 398-1060

OR to have an application emailed to you in a PDF format please email:

ccf-info@claremontfoundation.org

2017-2018

Grant Application Cover Page

Submission Date: _____

Project Title:

Organization Name:

Nonprofit 501 (c) (3)? yes no Public (govt) agency? yes no

Other? _____

Contact Person: _____

Position: _____

Address:

Phone: (day) _____ (evening) _____

FAX: _____

E-mail: _____

Grant Writer: _____

Phone: _____

E-mail: _____

Is this project a collaborative effort with any other organization(s)? no yes

If yes, list other organization(s), primary contact person(s) for collaboration, and phone #(s).

Amount requested from Claremont Community Foundation: \$ _____

Total project cost: \$ _____

Please provide a brief summary (one or two sentences, single spaced typed) of your proposal below:

In submitting a proposal, applicant agrees, if funding is awarded, to submit a mid-point and final report to the Foundation, documenting the projects actual costs and results. Previous grantees must have final report on file to be eligible for a new grant. In addition, grantee agrees to mention CCF grant funding of project on their website with a link to CCF's website. CCF will similarly mention the grant, project and grantee on its website with link back to the grantee's website.

MAIL TO:

CLAREMONT COMMUNITY FOUNDATION

205 YALE AVE. CLAREMONT, CA 91711