

SAMPLE APPLICATION

Note: Please do not submit this application. You must submit via the online process.

Organization Name:

Address:

City:

State:

Postal Code:

Website address:

Phone:

Primary Contact First Name:

Primary Contact Last Name:

Primary Contact Email:

Request Amount:

Project Budget:

Annual Budget: (Organization's total budget – Fiscal or calendar year)

Please Outline the following: 1. Brief organization mission statement. 2. Project description which answers: A. What is the problem to be addressed? B. Who benefits from the project and how? C. Why is the project being undertaken at this time? D. What are the anticipated outcomes? E. How does the project support your mission? 3. The organization's funding history with the McCune Charitable Foundation. 4. The major funders for the organization. 5. The method for project evaluation. Do not exceed 500 words.

Tax Status:

Executive Director First Name:

Executive Director Last Name:

Board President/Chair First Name:

Board President/Chair Last Name: