



CELEBRATE MUNFORD GRANT APPLICATION

Organization Name: _____

Federal 501.c3,c4, c6 or c19 Tax ID EIN# _____

Address: _____ City _____ Zip _____

Contact Name: _____

Phone: _____ Email _____

What service does your organization provide to the community? Are the same services provided by another agency in the community/county?

Describe how the funds from this grant will be used in the Munford/Tipton County community and the direct benefit, including numbers served:

Include operating budget, current financial statement and proof of non-profit status.

Amount Requested: _____ (maximum amount of \$1,000)

Organization Representative: By signing below I acknowledge this request is not a guarantee of funding. Funding approval is subject to the guidelines of Celebrate Munford, Inc. Applications must be postmarked no later than October 2, 2020. Grants selectees will be notified after the January 2021 meeting.

Signature _____ Print _____ Date _____

Include all supporting documentation and mail to
Celebrate Munford, Inc.
P. O. Box 1257, Munford, TN 38058