

The Twin Falls Community Foundation partners with civic groups to complete community projects. The process starts with this application, which will be reviewed upon submission by all Board members. Representaives of those projects that appear to meet our guidelines will be invited to present the project at the next board meeting to address questions and concerns. The Board regularly meets on the second friday in odd-numbered months.

| Name Of Applicant Group: |
|--|
| Director/Contact Person: |
| |
| Mailing Address: |
| Physical Address: |
| (If P.O. Box Above) |
| Phone Number: |
| Email Address: |
| Tax Status and id# |
| (attach a copy of IRS letter) |
| Anticipated amount of project revenue \$ |
| Anticipated total project cost \$ |

Brief statement as to purpose of the grant/project:

| Is this a one-time or an ongoing project? | |
|--|------------------------------|
| Party responsible for this project: | |
| Project information: Attach information addressing all of the following: | |
| Explaination of the need for the project | |
| Beneficiaries of the project | |
| Geographic area benefited by the project | |
| Time table for the project (include starting and completion date | s) |
| Explaination of how the project will be implemented and marke | ted |
| Other community organizations, if any, supporting the project (| attach letters of support or |
| financial commitments) | |
| Budget for the project | |
| Any special facilities or personnel needed to complete project | |
| Any other sources of funding for the project (attach letters of co. | mmitment) |
| AUTHORIZED GIONATURE OF ARRIVANT | DOCUMON |
| AUTHORIZED SIGNATURE OF APPLICANT | POSITION |
| DATE OF APPLICATION: | |
| Print and mail application to: | |
| Twin Falls Community Foundation P.O. Box 5632 | |

Applications need to be submitted no later than the 1st of the month preceeding scheduled regularly scheduled Board Meetings.

Twin Falls, ID 83303-5632

Or email to: info@twinfallscomminutyfoundation.org