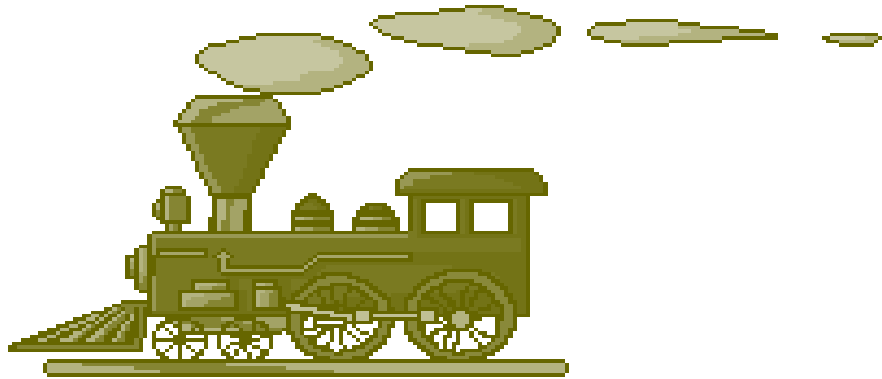


C·A·R·E

Corinth ~ Alcorn Reaching for Excellence

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*A Community Foundation Affiliate of CREATE*



2016 Grant Application

PO Box 239

Corinth, MS 38835

Phone: 662.284.4858

Fax: 662.286.6054

E-Mail: [care@corinth.ms](mailto:care@corinth.ms)



2016 Grant Round

Organization  
Attn: Director  
Mailing Address  
Corinth, MS

Dear Director,

On behalf of the CARE Advisory Board and Steering Committee, we would like to extend to your organization the opportunity to apply for grant funds ranging from \$500 up to \$2,000.00.

The Steering Committee will review all grant submissions. CARE hopes that the grants awarded might serve as one time “seed money” to allow organizations to get a new project off the ground or to purchase something that would have a lasting impact on the organization and the community.

If you are interested, please complete this Grant Application along with a Cover Letter of Introduction to CARE Community Foundation by means most suitable for you:

Mailing Address: PO Box 239 • Corinth, MS 38835  
Physical Address: 601 Washington Street • Corinth, MS 38834  
Email Address: [care@corinth.ms](mailto:care@corinth.ms)  
Facsimile Number: 662.286.6054

The deadline for submission is Thursday, December 1<sup>st</sup>. You are welcome to call if you have any questions. After board consideration and approval, you will be notified by letter of their decisions.

We thank you for the work you do in the community and wish you the very best in your continued endeavors to make Corinth a Better Place to Live!

With Warmest Regards,

*Mona Lisa Grady*

Mona Lisa Grady  
Executive Assistant



## Grant Proposal Guidelines

CARE Foundation (Corinth/Alcorn Reaching for Excellence) is a non-profit, charitable corporation which serves as a community foundation to stimulate private giving for projects in the fields of Education; Children and Families; Elderly; Civic and Community Development and Support; and Arts and Enrichment. The following policies govern the award of grant support from CARE Foundation.

CARE considers grant applications only from non-profit, tax-exempt organizations providing services to the Corinth and Alcorn County area; public schools; and city or government agencies.

CARE considers requests for funding of startup projects and/or projects that show expansion of programs/services.

CARE does not provide funding for salaries or administrative expenses.



**ORGANIZATION REQUEST INFORMATION**

Date \_\_\_\_\_ Due Date Thursday, December 1<sup>st</sup>, 2016

Organization Title \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact person for this project: \_\_\_\_\_

Project Title: \_\_\_\_\_

Date Project to Begin: \_\_\_\_\_ End: \_\_\_\_\_  
(If Applicable)

Total Project Budget: \$ \_\_\_\_\_

Amount Requested from CARE: \$ \_\_\_\_\_

Would an amount less than requested be helpful to your project? Yes -or- No

Are you seeking funds from any other source for this project? Yes -or- No

If yes; what sources and amounts were sought, and have you been notified of award?

Source	Amount	Accepted/ Declined
1. _____	\$ _____	? / A / D
2. _____	\$ _____	? / A / D
3. _____	\$ _____	? / A / D
4. _____	\$ _____	? / A / D
5. _____	\$ _____	? / A / D
6. _____	\$ _____	? / A / D
7. _____	\$ _____	? / A / D
8. _____	\$ _____	? / A / D



**ORGANIZATION PROFILE**

Mission Statement \_\_\_\_\_

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Outreach area of your organization \_\_\_\_\_

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Current Officers and/or Board of Directors \_\_\_\_\_

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Date organization was founded \_\_\_\_\_

501 C-3 status (and number if applicable) \_\_\_\_\_

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