Corinth ~ Alcorn Reaching for Excellence

A Community Foundation Affiliate of CREATE

Grant Application

PO Box 239

Corinth, MS 38835

Phone: 662.284.4858

Fax: 662.284.4864

E-Mail: care@corinth.ms

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
Facsimile Number: 662.284.4864

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,

CARE Community Foundation Board

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.

Project Summary / Description

Please provide a brief description and overview of the project for which you are applying.
(not to exceed the space provided...your letter of introduction shall allow for more detailed information if needed)

Organization request Information

Date of Submission _____

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 _____

_____

_____

_____

_____

_____

_____

_____

Outreach area of your organization _____

_____

_____

_____

_____

Current Officers and/or Board of Directors _____

_____

_____

_____

_____

_____

_____

Date organization was founded _____

501 C-3 status (and number if applicable) _____

_____