



**CATTARAUGUS REGION  
COMMUNITY FOUNDATION**

**Grant Application from \_\_\_\_\_ Fund**

**Organization** \_\_\_\_\_

**Executive Director (use correct title)** \_\_\_\_\_

**Contact Person (if different from above)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Project Title** \_\_\_\_\_ **Request type (start-up ,support, etc.)** \_\_\_\_\_

**Amount Requested** \_\_\_\_\_ **Estimated Project Start Date** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

**Have you previously received funding from this particular grant process? Yes\_\_\_\_\_ No \_\_\_\_\_**  
**[If you answer Yes to the question above, please attach one copy of your Final Report(s).]**

**Please include copies of all checked items:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Copy of IRS 501(c)(3) letter</b>         | <input checked="" type="checkbox"/> <b>Most Recent Annual Report</b>  |
| <input checked="" type="checkbox"/> <b>Organization's Current Budget</b>        | <input checked="" type="checkbox"/> <b>List of Board of Directors</b> |
| <input checked="" type="checkbox"/> <b>Organization's Current Financials or</b> | <input checked="" type="checkbox"/> <b>Project Budget</b>             |
| <input checked="" type="checkbox"/> <b>Organization's Most Recent Audit</b>     |   |

Briefly explain your project and your organization's ability to implement it, the community need it addresses, the impact it will have on Cattaraugus County residents, and what role the Community Foundation grant will play in overall project budget (attach up to 1 page if more space is needed).



I certify that the above information is correct and that the governing board of this organization has approved submitting this grant application to the Community Foundation.

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**Signature of Chief Executive Officer or Board Chair**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Send application with required attachments to:**

**Cattaraugus Region Community Foundation  
301 North Union Street, Suite 203  
Olean, New York 14760**

**or email (preferred) to: [foundation@cattfoundation.org](mailto:foundation@cattfoundation.org)**

<b>For Office Use Only</b>			
<b>Date Recd.</b>	<b>Grant #</b>	<b>Board Date</b>	<b>Decision</b>
<b>Program area:</b>			