

**Middletown Community Foundation
P.O. Box 1128
Langhorne, PA 19047**

Grant Application

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person/Title: _____

Phone: _____ Email Address: _____

Name of CEO or Board Chairperson: _____

Date Organization was founded: _____

501 (c) 3 status: _____ Yes _____ No Other status: _____

Federal Employer Identification Number (FEIN): _____

Amount of funds requested from MCF:\$ _____

Please summarize the proposed project in the following space of this page. Be sure to specify how MCF funds will be used:

Briefly describe your organization's mission and activities:

Financial information: _____

Total cost of this project: _____

Amount directed to staff wages, benefits: _____

Amount for services, supplies, equipment: _____

Other sources of funding: _____

Annual agency budget: _____

Certification:

I certify that the project described is intended to benefit the community of Middletown Township and its residents as described in the Foundation's bylaws. All information provided is accurate and current. If the project described cannot be carried out, funds awarded shall be returned to the Middletown Community Foundation.

Furthermore, I agree to provide written documentation and outcome measures, as requested by the MCF, in order to verify the proper expenditure of funds awarded.

CEO or Board President Signature: _____
(If not incorporated, person in charge of organization or group must sign)

Print name of signer: _____ Title: _____

Date signed: _____