



**- Grant Application Cover Sheet -**

Please complete this application form as your cover sheet for your grant Full Proposal. Type or clearly print information requested (*12 point font or larger*). Please email your application (*cover sheet & full proposal document*) to [Jo@MCCFdn.org](mailto:Jo@MCCFdn.org), **a confirmation email will be sent to you in return**. You may email or mail your addition requested information needed to complete your Full Proposal application packet (*agency budget, governing organization, financial statement, and an auditor's letter*). ***If you choose to mail these additional items they must be unbound (no binders, folders, portfolios)***.

**Emailed documents please address to: [Jo@MCCFdn.org](mailto:Jo@MCCFdn.org).**

**Subject line should read: *2012 Full Proposal Application for Review*** (*One grant proposal per email send*)

**Please mail or email documents (as indicated below) to:**

McHenry County Community Foundation  
 101 S. Benton Street, Suite 10  
 Woodstock, IL 60098  
**Attention: Jo Williams, Grants Committee Email: [Jo@MCCFdn.org](mailto:Jo@MCCFdn.org)**

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Amount Requested \$: \_\_\_\_\_ Total Project Cost \$: \_\_\_\_\_

City and State of 501 (c) (3) registrant if different than above: \_\_\_\_\_

**\*Full Proposal Application Packet MUST contain:**

<u>Agency Budget</u>	1 Copy	<u>Grant Application</u>	1 Copy
<u>Governing Organization</u>	1 Copy	<u>Organization Background</u>	1 Copy
<u>Financial Statements</u>		<u>Proposed Project</u>	1 Copy
<u>and Auditor's Opinion Letter</u>	1 Copy	<u>Program Methods</u>	1 Copy
<u>Evidence of Tax-Exempt Status</u>	1 Copy	<u>Evaluation of Results</u>	1 Copy
<u>By-Laws</u>	1 Copy	<u>Funding the Project</u>	1 Copy
		<u>Timetable</u>	1 Copy
		<u>Project Budget</u>	1 Copy