



**Major Grant  
Intent to Apply**  
(Maximum Request of \$25,000)

This form is required for anyone interested in applying for a Major Grant, and must be received by A Umñ 1st.  
The grant committee will review and invite applicants to submit a full application.

Do not submit support materials with this form.

The information on this form is not binding and does not enter into the review of any subsequent applications.

Organization: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Organization:** (Federal Tax ID Number)

Non-Profit 501(c)(3): \_\_\_\_\_  Gov: 107(c)(1): \_\_\_\_\_

Fiscal Sponsor Needed: (Complete this portion ONLY if fiscal sponsor is checked)

Fiscal Sponsor: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Estimated Project Total: \$ \_\_\_\_\_ Estimated Request Amount: \$ \_\_\_\_\_

Additional Funding Sources: \_\_\_\_\_

Amount Secured: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

Who It Will Benefit: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Project Director

\_\_\_\_\_  
Date

Please mail this application by A Umñ %to:  
KCCEF, PO Box 11, Sigourney IA 52247