



**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 April 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 submit this document by April 1st
email form to: chair@kcendow.org
or mail application to: KCCEF, PO Box 11, Sigourney IA 52247