



Sunburst Community Foundation

Strengthening our Future!

Grant Application Cover Sheet

Applicant Organization: _____

Address: _____

City: _____ Zip: _____

Contact person: _____

Phone: _____

e-mail: _____

Amount of grant request: _____

Project Budget

Income (including donations, grant funds and in-kind contributions)

Budget Item	Amount	Budget Narrative
Total		

Expenses (please be as specific as possible)

Budget Item	Amount	Budget Narrative
Total		