

WICHITA COMMUNITY FOUNDATION
200 W. Douglas, Suite 250
Wichita, Kansas 67202

APPLICATION COVER PAGE

DATE OF APPLICATION _____

ORGANIZATION INFORMATION

Legal name of Organization (as it appears on your IRS exemption letter)

Address _____ City, State, Zip _____

Telephone _____ Fax _____

Executive Director _____ Phone _____

E-mail Address _____

Tax-Exempt Number _____

PROPOSAL INFORMATION

Program Name _____

Contact Person _____ Position _____

Sponsoring Organization
(if different from above) _____

Dollar amount being requested \$ _____ Total anticipated project budget: \$ _____

Annual organization budget: \$ _____

Expected duration of project from _____ to _____
month/year month/year

REQUIRED SIGNATURES

SIGNATURE OF EXECUTIVE DIRECTOR

SIGNATURE OF BOARD CHAIR