

**Clearfield County Charitable Foundation
P.O. Box 1442, Clearfield, PA 16830
814-592-7331**

APPLICATION COVER PAGE

Complete this form and include it along with the written narrative, the Grant Application Budget Form, and all required documentation as outlined in the *Grant Application Guidelines*. The guidelines will assist you in understanding how and under what circumstances the Clearfield County Charitable Foundation awards grants.

Please complete the following:

Name of Organization:

Address of Organization:

Telephone Number:

Fax Number:

Name of Director:

Name of Project/Program:

Specific Purpose of Project/Program:

(Please limit your statement to two sentences)

Grant Category(ies) of Interest:

(Please check all that apply)

Health ___ Education ___ Social Welfare ___ Public/Urban Affairs ___

Arts/Culture ___ Conservation/Environment ___

Dates of Project/Program:

Total Project/Program Cost:

Amount Requested:

Signature of Director: _____ **Date:** _____