



## GRANT APPLICATION

**DEADLINE:** Applications must be received no later than **JANUARY 15<sup>TH</sup> @ 4:30 p.m.**

Mail or deliver to: JCB Trust Department, 125 S. Chestnut Street, 3<sup>rd</sup> Floor, Seymour, IN 47274 – (812) 522-3607

*Organizations are eligible to apply for grants if they serve people in a non-discriminatory fashion for the benefit of the larger community.*

Name of Applicant

Street Address

City  State  Zip Code

Federal ID  Is Your Organization a 501(c)(3)? Yes  No   
(If yes, please attach documentation)

Telephone Number  E-mail

Number of persons to be served

Brief Description of Project (please use additional pages if needed):

How will the project affect the community?

### BUDGET SUMMARY

GRANT FUNDING REQUESTED	
APPLICANT MATCH, IF ANY:	
CASH & LOCAL FUNDS TO BE SPENT ON PROJECT	
OTHER	
TOTAL OF APPLICANT'S SHARE	
TOTAL PROJECT COST	

Proposed Starting Date

Proposed Completion Date

Brief Description of your organization:

Problem to be addressed by the project:

Describe your long-range plan (ongoing management, how will it be funded in the future?):

Previous funding received from Greater Seymour Trust Fund (please describe):

***TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT.***

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Your picture and name may be used for release to the media and for publicity purposes.**