

CAINE FUND GRANT APPLICATION

An endowed fund of Henry County Community Foundation

WHO ARE YOU?

Group name _____

Number of children age 5 and under that will participate in project: _____
Include a complete list of the children who will benefit from this grant.

Geographic area served within Henry County _____

Sponsoring Organization _____

Address _____ Phone _____

Contact _____ Title _____

Address _____ Phone _____

*Please attach verification of sponsoring organization's not-for-profit status.

DESCRIBE YOUR PROJECT...

Project title _____

What is the purpose of your program and for what holiday (Christmas, Easter, etc.)

When will the project begin? _____

When will the project end (approximately)? _____

How many people will benefit from your project (approximately)? _____

Signature, please _____

\$\$\$MONEY\$\$\$

Amount of request \$ _____

THE HENRY COUNTY COMMUNITY FOUNDATION, INC.

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