

**Crystal Foundation for Community Progress, Inc. (CFCP)  
Funding Request Form**

Neighborhood associations, organizations, individuals, or businesses may apply for CFCP grants. All projects are subject to the prudent use of available CFCP funds. The CFCP reserves the right to accept grant requests in full or part or to reject them in full. The CFCP will endeavor to provide a written response to each request. The Donation Request Form must be completed in full to delay action by the CFCP. Please allow 60 days for the review process.

**Date:** \_\_\_\_\_

**CONTACT INFORMATION**

(Please list the name(s) of the person(s) requesting the grant)

Name of Requestor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**PURPOSE OF REQUEST**

(Please summarize the purpose of the request)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR UNDERTAKING THE PROJECT**

(Please summarize what goal is to be reached by completing the project)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESPONSIBLE PARTIES**

(Please list all parties responsible for completing the work. Include both paid and volunteer persons. Use a second sheet of paper if needed.)

Company Name \_\_\_\_\_

Company Contact \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

Company Phone Number \_\_\_\_\_

Company Email \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
Company Name  
Company Contact  
Company Address  
\_\_\_\_\_  
\_\_\_\_\_  
Company Phone Number  
Company Email

\_\_\_\_\_  
\_\_\_\_\_  
Company Name  
Company Contact  
Company Address  
\_\_\_\_\_  
\_\_\_\_\_  
Company Phone Number  
Company Email

**TIMELINE** (Please include a timeline for the project. Give specific dates)

Date Begin \_\_\_\_\_  
Date End \_\_\_\_\_

**BUDGET** (Please list all expenses in relation to the project. Include bids, receipts, and/or invoices. Be specific)

**Materials List**

<u>Description</u>	<u>QTY</u>	<u>Dollar Amt</u>
_____		
_____		
_____		
_____		
_____		

**Labor List** (Please include all donated labor as well as paid labor.)

<u>Description</u>	<u>QTY of Hours</u>	<u>Dollar Amt</u>
_____		
_____		
_____		

**Project Total** (Please indicate the total amount of the project)

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**MAINTENANCE REQUIRED**

(If maintenance is part of this project, please describe the proposed plan including who will be responsible for the process.)

Proposed Plan

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**DONATION REQUEST**

(Please indicate how much money is being requested from the CFCP)

\$ \_\_\_\_\_

**SUBMITTED BY**

Signature of Requestor

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Print Name

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Date

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