1) **Organization Name:** 2) **Applicant Name:** 3) Address: City: State: Zip: 4) **Email Address:** 5) Office Phone: Cell Phone: 6) **Applicant's Signature:** 7) **Summary of Project or Program inclusive of its purpose:** 8) Summary of the benefits of the program or project: Which Community / Communities is / are impact by this program: 9) 10) Please explain how this program assists citizens in either attaining or remaining in stable housing: 11) What is the community impact or consequences if this program does not receive a Foundation grant?

APPLICATION FOR ST. CHARLES REALTORS® HOUSING FOUNDATION GRANT APPLICATION



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2)	What is the plan of implementation for this program, inclusive of the time required of the recipient of services?
3)	How will your organization define and measure success of this program?
)	Tell us what you will do to promote or publicize the Foundation Grant fundraising event:
)	Will the organization send a representative to participate in a Foundation fundraising event?
	Name: Position with the Organization:
	Date Submitted:
en	completed application, copy of non-profit's IRS 501(c)(3) letter and a copy of the non-profit's most at annual report or a financial summary to: Gwen Walters, gwen@stcharlesrealtors.com or 110 Point Blvd., St. Charles, MO 63301. Questions or additional information: 636-946-4022. MISSION STATEMENT: TO PROMOTE HOUSING IN THE ST. CHARLES COUNTY REGION
	12) THIS SECTION FOR OFFICE USE ONLY Remarks:
	Approved? Yes No Check #: Amount \$

