

Vanderburgh Community Foundation

A Member of the Community Foundation Alliance Inc.

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Cover Sheet

Organization Name:			
Executive Director or Equivalent:			
Address, City, State, Zip:			
E.mail address:			
Telephone Number:		Fax Number:	
Number of Full-time Employees:			
Number of Part-time Employees:			
Number of Volunteers:			
Federal Employer ID Number:			
Project Contact Person Name and Title:			
Contact Person Mailing Address:			
Contact Person E.mail Address:			
Contact Person Telephone Number:		Fax Number:	
Project Title:			
Project Area (select all that apply):	<input type="checkbox"/> Arts/Culture <input type="checkbox"/> Human Services <input type="checkbox"/> Community Development <input type="checkbox"/> Public Recreation <input type="checkbox"/> Education <input type="checkbox"/> Youth Development <input type="checkbox"/> Environment <input type="checkbox"/> Substance Abuse Prevention <input type="checkbox"/> Health <input type="checkbox"/> Generational Poverty		
Amount Requested:		Total Project Cost:	
Signature of Official Responsible for Project:			
Date of Signature:			
Signature of Board President Attesting to Board Approval:			