

# **The Ossoli Foundation Application for Funding Notes and Instructions**

- **Please complete the entire application. Incomplete applications may be rejected outright or may be returned to the applicant for clarification.**
- **Please be aware that Ossoli Foundation funding will not be provided to individuals.**
- **This application is a guide. A reasonable facsimile of this application will always be acceptable, provided that it answers all application questions. A narrative application with budget, for instance, provided that it fulfills the same purposes as this application, may be acceptable.**
- **For organizations and programs engaged in large-scale grant-seeking, common grant applications, like Associated Grant Makers Common Proposal Form, are acceptable and will replace this form entirely.**
- **Please feel free to include attachments in addition to the required budget. Cover letters and letters of support are encouraged, but not required.**
- **Please limit your entire application packet to no more than five (5) pages total.**
- **Please provide nine (9) copies of your complete application packet.**
- **In general, preference will be given to organizations, programs, and projects that directly benefit the geographical region in and around Corbin, Kentucky, and that respond to the mission of the Ossoli of Club of Corbin: “To stimulate intellectual growth, civic activity, [and] moral development...”**
- **Funding recipients agree to publicly accept and acknowledge all funding. It should be assumed that application for funding obligates the recipient to reasonable photo opportunities and interviews.**

**The Ossoli Foundation  
Application for Funding**

**Please submit nine (9) copies of your application and any supporting materials.**

**Organization's Name:**

**Organization's Tax ID Number:**

**In the space below, please describe your organization or program:**

**Please describe the project for which you are requesting funding, including the issue or need that your project will address and the anticipated community impact:**

**What other sources of funding do you anticipate for this project and how much of that funding has already been promised or received? (Please attach a budget for the project, indicating where Ossoli Foundation funding will be applied.)**

**If the Board has questions about your project, to whom should those questions be addressed?**

**Contact name:**

**Telephone:**

**Email:**

**If you are approved for funding, to whom should the check be addressed? (Please keep in mind that Ossoli Foundation funding cannot be paid to the order of an individual.)**

**Pay to the order of:**

**Mailing address:**