

CHECKLIST FORM (to be completed and included with your Letter of Intent)

* Please check all the boxes below to ensure that you have included all the required documentation
* Sign and return this check-list form with your letter of intent.

 A **specific project (NOT an Event)**

The **amount** **of the grant** you are requesting -- Example: $5000, $10,000, etc.

A **short description of the specific project** for which you are requesting this grant.

A description of how your project fits at least one of the following **focus areas**: (1) Art, Culture, Tourism; (2) Education; (3) Environment; Park, Recreation, Community Betterment; (4) Health and Wellness; or (5) Families.

A **brief** **history** of your nonprofit and its programs.

Explanation of how your organization **impacts Crawford County** and what is the extent of that impact

A brief description of your **target population**.

A copy of the **US Department of Treasury Letter** affirming your organization is a tax-exempt public charity under **section 501(c)(3) or 501(c)(8) or 501(c)(13) or 501(c)(19)
NOTE:** the Missouri Sales Tax Exemption letter **DOES NOT** suffice nor does a Fed Tax ID number. **See an example of the correct form on our website:** [www.I**mpact100CrawfordCounty.org**](http://www.Impact100CrawfordCounty.org)

**ALSO:** if you fall under a parent organization (in other words you are under their 501C3 status) you MUST INCLUDE a letter from that parent organization **confirming** that you come under their 501C3 status.

I have reviewed all the documentation above and have included it with my “letter of intent”.

Thanks,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Organization (legal name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Check all the boxes above to ensure you have included all documentation required!**
* **Sign, date and include this checklist with your letter of intent!**