



**TERRE HAUTE DAY NURSERY  
ENDOWMENT FUND  
Of the Wabash Valley  
Community Foundation, Inc.  
GRANT APPLICATION COVER**

Please complete this form (front & back) for use as the cover sheet for your proposal. Print or type only. Submit one original and 12 copies of this and all other pages for a total of 13 copies to:

Terre Haute Day Nursery Fund  
Wabash Valley Community Foundation, Inc.  
2901 Ohio Blvd., Suite 153  
Terre Haute, IN 47803

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Project Title \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_

Please provide a 25-word summary of your grant proposal. Please include a more thorough description in your packet as outlined in the instructions.

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

**FOR OFFICE USE ONLY:**

**APPLICATION PACKET CONTAINS:**

Date Received \_\_\_\_\_

\_\_\_\_\_ Program narrative

Proposal Number \_\_\_\_\_

\_\_\_\_\_ IRS 501 (c)(3) letter on file

Action Taken: Approved    Declined

\_\_\_\_\_ Detailed budget of income / expenses

\_\_\_\_\_ Governing body information

Date \_\_\_\_\_

\_\_\_\_\_ Audit / prior year's financial statement



**TERRE HAUTE DAY NURSERY  
ENDOWMENT FUND  
Wabash Valley Community Foundation, Inc.  
AGREEMENT PAGE**

Please complete this form and have the appropriate chief and volunteer operating officers sign:

Name of Organization \_\_\_\_\_

Telephone \_\_\_\_\_

Project Title \_\_\_\_\_

If our organization is awarded this grant, in full or in part, the undersigned as authorized representatives of our organization, agree to acknowledge the Terre Haute Day Nursery Fund of the Wabash Valley Community Foundation, Inc., support of this project in all announcements and written materials. As an officer and/or employee of this organization/institution, we further agree to send the Community Foundation copies of announcements, including newspaper or magazine articles, relating to the project.

Further, as an officer and/or employee of this organization, we agree to:

- a. See that the funds are used solely for the stated purpose.
- b. Have the organization repay any portion of the amount which is not used for the purpose of the grant.
- c. Return any unexpended funds if our organization/institution loses its exemption from federal income taxation as provided under Section 501(c)(3) of the Internal Revenue Service Code.

**Chief Executive Officer**

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Chief Volunteer Coordinator/Officer**

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date