

**CARROLL COUNTY ASSOCIATION OF REALTORS FOUNDATION®  
APPLICATION FOR GRANT FUNDING**

**The CCAR Foundation Board of Trustees meets monthly. Applications are considered at Board meetings.**

**Date:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Organizational Contact:**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Address of Organization Requesting Grant:**

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

**Purpose for which funds are requested (please describe):**

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

**How will this project contribute to the quality of life of our community?**

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**Amount Requested:**\_\_\_\_\_

**Overall Budget for Initiative:**\_\_\_\_\_

**Other Sources of funding for initiative:**\_\_\_\_\_

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**Location of Activity or initiative:**\_\_\_\_\_

**Time frame for Activity:**\_\_\_\_\_

**How will the success of the project be measured?**\_\_\_\_\_

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