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Tracking Number

## **Cellular South Foundation Grant Application**

*Thank you for your interest in Cellular South. We welcome the opportunity to evaluate your grant proposal.*

*Please complete this form and return mail to:*

*Cellular South Foundation Grants Coordinator at 1018 Highland Colony Parkway, Suite 360, Ridgeland, MS 39157.*

*Only those requests received via email or mail will be considered. Requests must be received 150 days prior to event in consideration. You will receive an email confirmation that the request was received. You will receive a decision within 90 days of submitting.*

**Organization Name:**

**Event/Project Name:**

Address:

City:

State:

Zip:

Phone :

501c3 Tax exempt number:

PLEASE ATTACH COPY OF TAX EXEMPTION DOCUMENT

**Organization Director:**

Name:

Title:

Phone:

Cell phone:

Cellular South cell phone number:

Email:

**Event/Project Coordinator:**

Name:

Address:

City:

State:

Zip:

Phone :

Cell phone:

Cellular South cell phone number:

Email:

**Purpose, goals & mission of the organization:**

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**Purpose of the project for which funds are requested:**

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**Total project budget:**

**Level Options:**

Platinum

Gold

Silver

Bronze

**Event Information**

**Event name:**

**Event city:**

**Start date:**

**End date:**

**Need answer by (date):**

**Event category (please check):**

- Arts/culture
- Community
- Corporate

- Education
- Environment
- Health/wellness
- Sports
- Youth
- Other: \_\_\_\_\_

**What is the planned attendance or participation?**

**How large is the target audience?**

**Will there be a direct mail piece and if so to how many recipients?**

**Demographics of event attendance:**

Gender

Age

**If this project was previously held, please provide following information:**

Gross amount of the project:

Net amount of the project:

**For proposed project, what portion of the net amount raised will go towards the Non-profit after total event expenses?**

**What portion of the net amount goes to a national organization?**

**What portion of the net amount remains in the State of Mississippi?**

**Has Cellular South sponsored this event/project in the past? YES NO**

**Has Cellular South sponsored or provided grants/donations for other events presented by your organization in this fiscal year? YES NO**

If so, list events with dates:

**Please check for each of the following:**

Yes

No

Cellular South logo included in signage or program

\_\_\_\_\_

\_\_\_\_\_

On site Cellular South Presence

\_\_\_\_\_

\_\_\_\_\_

Does the event have media partners

\_\_\_\_\_

\_\_\_\_\_

**Project Summary**

Brief summary of the project, including why it's needed. Cite specific evidence to support need. (200 words or less)

**Project Objectives**

Explain objectives of the project and how they will be achieved. (200) words or less)

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**Impact on Program Area**

Describe how the project will impact arts & culture, community improvement/ enrichment, education & literacy, environment or healthy families. (100 words or less)

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**Project Evaluation**

Describe how the project will be evaluated. Please note that a final report is required for projects that receive funding. (100 words or less)

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**Information of the individual completing this application:**

Name:

Title:

Phone:

Cell phone:

Cellular South cell phone number:

Email:

- Please "X" this box to certify that all information included in this application is current and accurate.
- Please "X" this box to certify that all Cellular South logos will be approved 30 days prior to event and adhere to the Cellular South Graphic Standards.
- Please "X" this box to certify the understanding that a Project Evaluation Report is expected within 30 days following the event/project conclusion.