

**APPLICATION FOR FUNDS**

**Hoven Community Foundation – PO Box 404 – Hoven, SD 57450**

Name, Address & Ph.

\_\_\_\_\_

Of Applicant

\_\_\_\_\_

\_\_\_\_\_

Organization

\_\_\_\_\_

Briefly State Your Plans for use of Funds:

Anticipated Amount of Project Cost: \$ \_\_\_\_\_

Proposed Date of Inception \_\_\_\_\_

What other Sources of Funding are you Using or are Available?