Allen P. and Josephine B. Green Foundation

All applications must be submitted online at https://grants.growyourgiving.org/acc/l/

Organization Overview

Organization Name	
EIN / Tax ID	
Street Address	
City	
State	
Zip/Postal Code	
County	
Phone Number	
Website (if applicable)	
Organization Leader Name	
Organization Leader Position Title	
Organization Leader Email	
Application Contact Person Name	
Application Contact Person Phone Number	
Application Contact Person Email	

Organization Mission Statement

501(c)(3) Public Charity

Company: None Country: None Ein: None State: None

Organization Upload: IRS Determination Letter showing tax deductible status. If this is a school or religious organization, please upload other proof of status

Organization Upload: Organization's most recently filed Form 990 or fiscal audit. If none has been filed recently, please upload a one page document explaining why

Organization Upload: Organization operating budget for the current year

Organization Upload: Board of directors list including titles

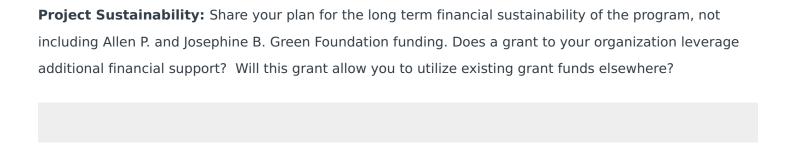
Application Form

All questions required, unless marked optional. Recommended answer length for narrative questions is 200-500 words.

Request Amount	
What is the organization admin or overhead costs?	
Total Program Cost	

Request Title: the check purpose in the event that an award is made.
Geographic Service Area: The geographic focus of the Green Foundation is limited to central Missouri, including the counties of Audrain, Boone, Callaway, Cole, Montgomery, Monroe, Pike, Ralls, and Randolph. Which cities/counties in central Missouri would the proposed project serve?
Project Description: Please describe in detail the project / program that would be supported by the requested grant funds including a description of the services provided and the type of activities the funding will directly support.
Community Need Description: What need does your project address? Please provide data demonstrating that this is a community need (such as census data, community assessments/surveys, independent studies, etc.) if available.

Client Description: Please define the number and the characteristics (such as age, income, race,
ethnicity, geography, etc.) of the clients who will be served in the proposed project.
Organization Summary
Describe the organization, including the the number of employees and/or volunteers and a brief description
of the organization's primary programs and purpose.
Funding Partners: Please list what other funding sources are committed to this project, and/or what
other funders you have approached for financial support.
Project Differentiation: What sets your project apart from other organizations currently addressing this
need in your geographic area?
Proposed Results: What results will this project achieve and how you will measure these results?



Additional Information (optional): Please use this space to share any information regarding this proposal that has not been covered in the answers above.

Application Upload: Project/program budget indicating how this request would be spent if awarded

Optional templates available in Word and PDF.

Application Agreement

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable antiterrorist financing and asset control laws, statutes, and executive orders.