

**The Community Foundation of  
Murrysville, Export and Delmont**  
1003 Arlington Avenue, Export, PA 15632

**Project Application**

Project Name:

Proposed Starting Date:

Narrative: (Description of proposed project -its purpose, rationale, how it would be implemented. Timetable for program or project -long range plans, if applicable. Target group that the project will benefit.)

Description:

Timetable:

Benefit:

Financial Plan: (How much money will be needed for the project? How will the money be provided or obtained? How will the Foundation help with this project?)

Action by Community Foundation Committee:

Applicant(s):

Address:

Phone:

SSN or EIN:

Contact Person or Affiliated Group:

Address:

Phone:

Signature of Applicant(s):\_\_\_\_\_

Signature of Applicant(s):\_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_

Approval: \_\_\_\_\_

Approval: \_\_\_\_\_

Approval: \_\_\_\_\_