



**Cherryvale Donation Application**

Organization Name: \_\_\_\_\_

Organization Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

List of activities or programs to be funded and estimated cost (listed in order of priority).

Attach a separate sheet if necessary.

1. PROGRAM OR ACTIVITY: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

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

ESTIMATED COST: \_\_\_\_\_

2. PROGRAM OR ACTIVITY: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

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

ESTIMATED COST: \_\_\_\_\_

3. PROGRAM OR ACTIVITY: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

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

ESTIMATED COST: \_\_\_\_\_

**ALL APPLICATIONS MUST BE SUBMITTED TO THE CITY OF CHERRYVALE BY MAY 31 FOR FUNDING IN THE FOLLOWING FISCAL YEAR. APPLICATIONS CAN BE SENT TO:**

City of Cherryvale  
123 W. Main  
Cherryvale, KS 67335

Please attach any additional information about your organization or group as necessary.