



McCLURE™

McClure Foundation Nomination Form/Application

Organization Name:
Organization Website:
Are you a 501(c)(3) non-profit? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your service area? <input type="checkbox"/> Carroll <input type="checkbox"/> Cedar Rapids <input type="checkbox"/> Columbia <input type="checkbox"/> Des Moines Metro <input type="checkbox"/> Fort Dodge <input type="checkbox"/> Kansas City Metro <input type="checkbox"/> Lenexa <input type="checkbox"/> Macon <input type="checkbox"/> North Liberty <input type="checkbox"/> Sioux City
Contact Name:
Contact Email:
Contact Phone:
Tax ID Number:
How will the funds be used? Please explain how the project furthers STEAM education and/or development, the expected impact of the funds, and the timeline for fund deployment.

How does the project align with McClure's vision of making lives better?
What is your requested grant amount?
What is the total project cost?
Are there ongoing opportunities for a partnership between your organization and McClure? If yes, please explain.

Please submit completed form to Bethany Wilcoxon at bwilcoxon@mcclurevision.com