

Grant Request Form
Centerville-Washington Foundation

Date: _____

Organization Requesting Grant

Group Name: _____

Leader Name: _____

Contact Person (if different): _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Amount of Request: \$_____

What is the full budget for the project? \$_____

Describe the Project:

What would be the outcome/benefits to the area:

Foundation grant goals: To promote opportunities for non-profits, not for profits or other tax exempt organizations that benefit the citizens of Centerville/Washington Township, to launch projects that represent a unique and unduplicated opportunity for the community and to support established organizations for special purposes.

How does this request support the Foundation's purpose?

What other sources of funds will you explore or do you expect to support this request?

When will the funds be required? _____

Is this a one-time request? _____

Organization or group's most recent year end information:

Year End Revenue: \$ _____ Year End Expenditures: \$ _____

Year End Date: _____

Mail three copies of completed Grant Request Form and documentation of tax exempt status to:
Centerville-Washington Foundation, P. O. Box 41125, Centerville, OH 45441
Questions? Contact Bob Daley at 433-0811
website: centervillewashingtonfoundation.org

Deadline: March 1 Cycle _____ or September 1 Cycle _____