



Grant Request Form

Centerville-Washington Foundation

Date: _____

Organization Requesting Grant

Group Name: _____ EIN # _____

Leader Name: _____

Contact Person (if different name): _____

Mailing Address:

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Amount of Request: _____

Name/Title of Project: _____ Describe Project:

Centerville Washington Foundation grant goals: To promote opportunities that benefit the citizens of Centerville/Washington Township, to launch new projects that represent a unique and unduplicated opportunity for the community, to support established organizations for special purposes and to generate matching funds.

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? _____

What is the full budget for the project? _____ How are additional funds to be raised?

Please list previous projects funded by the Foundation in the last three years:

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 (IRS Tax Status Letter) to:

Centerville-Washington Foundation, P. O. Box 41125, Centerville, Ohio 45441
Questions contact Bob Daley, 433-0811 website: centervillewashingtonfoundation.org

Deadline: March 1 Cycle _____ or September 1 Cycle _____