



GRANT APPLICATION

Organization Name: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Is your organization recognized as tax/exempt under Section 501(c)(3) of the Internal Revenue Code?

Yes _____ Federal Id # _____ No _____ If no, please explain:

Date Organization Established: _____

Project Title: _____

Amount Requested: _____ Total Project Budget: _____

Other sources contacted for support for this project and amount:

Duration of Project: _____

Project Summary: Please attach a cover letter and separate information summarizing your proposal. Include brief, but specific information about the organization and project. Please refer to our website under Grant Information for additional requirements, meeting dates, and application deadlines.

Date

Signature of Chief Executive Officer/Authorized Official

An application packet consists of the Grant Application and all supporting documentation. Please submit the original application packet plus six additional copies to:

The Troy Foundation
216 W. Franklin Street
Troy, Ohio 45373

Ph: (937) 339-8935
Fax: 937-339-8992
www.thetroyfoundation.org