



**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 of the project and amount: \_\_\_\_\_

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

Duration of Project: \_\_\_\_\_

Project Summary: Please attached 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 West Franklin Street  
Troy, Ohio 45373

**G R O W I N G   A   G R E A T E R   T O M O R R O W**