



Grant Application

Name of Organization _____

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 of Request _____ Total Project Budget _____

Other sources contacted for support for this project and the 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. For additional guidance, please refer to the "Application Requirements Guidelines".

Date

Signature of Chief Executive Officer/
Authorized Official of Organization

Please submit original application to:

Stouder Memorial Foundation
Lisa Schelin, Donor Relations Officer
The Troy Foundation
216 West Franklin Street
Troy, Ohio 45373
(937) 339-8935
lschelin@thetroyfoundation.org
www.thetroyfoundation.org