

# TUSCARAWAS COUNTY COMMUNITY FOUNDATION

## GRANT APPLICATION

TO: TUSCARAWAS COUNTY COMMUNITY FOUNDATION  
1458 FIFTH STREET NW  
PO BOX 523  
NEW PHILADELPHIA, OH 44663

FROM: \_\_\_\_\_  
(NAME OF ORGANIZATION)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(PHONE NUMBER)

\_\_\_\_\_  
(CONTACT PERSON)

A REQUEST FOR A GRANT IN THE AMOUNT OF \$ \_\_\_\_\_ IS  
MADE FOR THE FOLLOWING PURPOSE:

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

(SEE GUIDELINES FOR GRANT SEEKERS)

APPLICANT CERTIFIES THAT IT IS A QUALIFIED CHARITY UNDER  
SECTION 501(C)3 OF THE INTERNAL REVENUE CODE. PROOF OF EXEMPT  
STATUS MUST BE ATTACHED.

BY: \_\_\_\_\_  
AUTHORIZED OFFICER

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_