



Grant Request Application

Applications are reviewed by the CoVantage Cares Foundation, Inc. Board of Directors on a quarterly basis.

APPLICANT INFORMATION:

Date submitted: _____

Organization Name: _____

Organization EIN: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX: _____ Email Address: _____

PROJECT INFORMATION:

Please address the following questions and submit on a separate sheet of paper, along with the completed Grant Request Application.

1. Describe the proposed program or project.
2. Describe the problem/need this request will address.
3. What are the goals of the program (these should be measurable)?
4. Describe your population to be served, and how many individuals will benefit from this program.
5. Describe how, or in what way, individuals will benefit from this program.
6. Please include budget and purchase documentation which total the amount of funds requested.

Total project expenses: \$ _____ Amount requested of CoVantage Cares Foundation: \$ _____

Have you requested funding for this project from another grant provider: Yes No

Project start date: _____ Project end date: _____

Date funding is needed: _____ Is this a new or ongoing program? New Ongoing Both

Area of community impact addressed by your project:

Arts/Culture Education Health Services Human Services Resource Preservation

Other (please specify) _____

Type of project that funds are requested for:

- | | |
|---|--|
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Research/Studies |
| <input type="checkbox"/> Community Awareness | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Event or Performance | <input type="checkbox"/> Other (described) _____ |

Geographic area served (Ex. city, county): _____

ADDITIONAL ORGANIZATION INFORMATION:

Year of Incorporation: _____

What is the mission of your organization? _____

Has your organization applied to CoVantage Cares Foundation or CoVantage Credit Union for funding in the last 12 months? If so, what was the request for and how much was awarded? _____

I/We certify that the information provided in this application is correct to the best of our knowledge. We understand that additional information may be required by the CoVantage Cares Foundation, Inc. to aid the Board of Directors in their review of this request, and we are available to answer your questions.

Representative (Print name)

Title: _____

Representative's Signature

Date: _____

Contact Person (Print Name)

Title: _____

Contact Person Signature

Date: _____

Please submit all information to the address as listed at bottom of this letterhead.