



Send with other grant information to:
Noble County Community Foundation
Mike Lloyd, Secretary
150 Court House
Caldwell, OH 43724

Legal Name of Organization: _____

Address: _____

Authorized Contact Person: _____

Title: _____ Phone: _____ Fax: _____

Purpose of Organization: _____

Year Founded: _____ Total Current Operating Budget: _____

Primary Source of Funds: _____ %Federal _____ % State _____

Tax Exempt Under IRS 501(c)3? _____ Pending? _____ Federal Tax ID # _____

Proposed Use of grant: _____

Amount Requested: _____ Total Project Cost: _____ Numbers Served by Project: _____

Geographic Area Served: _____ Project Time Period: _____

Other Sources of Funds to Support Project: _____

Has this organization applied for or received a grant from the NCCF in the past? _____

If yes, please provide details _____

Please complete this form and include a narrative description of no more than 5 pages which should include: statement of purpose, project objectives, target population, future plans and any background information that can assist the Foundation in making a decision on your grant. All information shall be accurate and correct.

Signature of Contact Person: _____ Date: _____

Signature & Title of Governing Board Member: _____

For Office Use Only:

Date Received _____ **Grant Cycle** _____ **Final Status** _____