



Send with other grant information to:  
Noble County Community Foundation  
Mike Lloyd, Secretary  
46049 Marietta Road, Suite 2  
Caldwell, Ohio 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: \_\_\_\_\_

\_\_\_\_\_

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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 \_\_\_\_\_

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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** \_\_\_\_\_