

Miami County Foundation

317 N. Wayne Street, PO Box 1526, Piqua, OH 45356-1526
(937) 773-9012 www.miamicountyfoundation.org email: mcf@woh.rr.com

Name of Organization _____

Street Address _____

City/State/Zip _____

Contact Person _____

Daytime Phone _____ Email _____

Internal Revenue Service status 501(c)(3) or equivalent? Yes No Federal ID# _____

Organization's objective and history (briefly stated including major activities and length of time in business)

This space must be used to briefly state purpose for grant (you may attach separate page if further explanation is needed)

Area(s) of Miami County served by project _____

Number of Miami County residents affected by project _____

Amount Requested _____ (rounded to the nearest dollar) Total project budget \$ _____

Other sources contacted for support of this project and amounts:

Organization's history with Miami County Foundation:

First Grant Request? Yes No Date of Last Request _____ Date of Last Grant Awarded _____

THE FOLLOWING SIGNATURES ARE REQUIRED:

I certify the information is accurate to the best of my knowledge and 5 sets of this application along with the documents listed below have been included.

CEO/Director/Teacher _____ Signature _____ Date _____

President/Chair/Principal _____ Signature _____ Date _____

School Superintendent **signature (school applications only)** _____ Date _____

Submit 5 sets. Each set must include:

- grant application form (prefer application to be typed)
- basic budget statement for the proposed project or purchase
- most recent financial statement
- organization's annual report or equivalent
- List of Governing Board Members
- **Submit 1 copy** of the organization's letter of determination from the Internal Revenue Service certifying 501(c)(3) status or equivalent