OHIO STATE COUNCIL KNIGHTS OF COLUMBUS OHIO CHARITY FOUNDATION

GRANT APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION. If more space is required, please attach additional sheets.

| Name of Organization: | | |
|---|---|---|
| Street Address: | | |
| City: | State: | ZIP Code: |
| Point of Contact: | | |
| Phone Number: | Email: | |
| Purpose for which this Grant | will be used. | |
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| | | |
| Grant MUST be used for Charitable | , Educational and Religious | purposes. |
| Area or Persons who will bene | efit from the activity for | which the grant will be used. |
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| proposed activity (<i>for</i> which the application which is a preference recommending specific Dioces | he Grant is to be used for nce for Grant considerati | on on their individual merits, the r) would have statewide ion, but the committee is open to eet the Ohio Charity Foundation |
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| Procedures that will be used in accomplishing the objective of the program for this grant. |
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| What Public Relation Benefits would the Ohio Charity Foundation receive if this grant request is approved? |
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| What amount of money are you requesting for this grant? |
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| What other sources have been or will be solicited for grants to be used for this same purpose? |
| Fundamental Control of the Control o |
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| State amount of money requested and name of source or organization. |
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| What plans does your organization have that will assure the continuation of your program or objectives when funds from this grant have been expended? | | | | | |
|---|--|---|---|-------------------------|--|
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| foundation, a report will be completion of | nd I/We agree that of submitted to the Bo | our activity is subjectors of later than one year | with the guidelines of act to accountability and the Charity Foundation after approval of this ted. | d a detailed on upon | |
| Signed: | | | Date: | | |
| Type or Pri | nt Name: | | | | |
| Title: | | | | | |
| Name of Or | ganization: | | | | |
| All Grants an | | proval by the Boar | d of Directors, Ohio Cl | narity | |
| Please forwar | rd completed applica | ation and support d | locumentation to: | | |
| | James Maslach Chairman, OCF G 4927 Autumnwood Brunswick, OH 442 | Ln | | | |

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Please type or print all information and data. If more space is needed, please attach additional sheets.