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 v	vill be used.	
Grant MUST be used for Charitable,	Educational and Religious	purposes.
Area or Persons who will benef	fit from the activity for v	which the grant will be used.
	_	on on their individual merits, the
proposed activity (for which the application which is a preferen		') would have statewide ion, but the committee is open to
		eet the Ohio Charity Foundation
goais.		

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Procedures that will be used in accomplishing the objective of the program for this grant.
What Public Relation Benefits would the Ohio Charity Foundation receive if this grant request is approved?
What amount of money are you requesting for this grant?
What other sources have been or will be solicited for grants to be used for this same purpose?
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?		
foundation, and I/We agree report will be submitted to completion of the project, b	st for this grant complies with the guidelines of the charity that our activity is subject to accountability and a detailed the Board of Directors of the Charity Foundation upon out no later than one year after approval of this Grant Request. ting with 2 copies submitted.	
Signed:	Date:	
Type or Print Name:		
Title:		
Name of Organization:		
All Grants are subject to fir Foundation, Inc.	nal approval by the Board of Directors, Ohio Charity	
Please forward completed a	application and support documentation to:	
Christopher		
7239 Winterl		
New Albany,	UN 43034	

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