



A Fund of the Community Foundation for the Ohio Valley

GRANT APPLICATION

(All fields are required)

Name of Organization: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Email: _____

Website or Facebook: _____

Employer Identification Number (EIN): _____

Amount of Grant Request: \$ _____

Name of the Project: _____

Counties Served by the Project (check all that apply):

Ohio

Marshall

Belmont

Projected Number of People Served by the Project (ranges are acceptable):

Project Budget: \$ _____

Completed application must be submitted by Friday, May 24, 2024 at 6:00 PM.

- Applications will only be accepted via email. Write **ONLY** the name of your organization in the subject line. Do **NOT** write anything other than the organization name, such as "Application," "Grant Application," etc. in the subject line. Applicants who do not follow this procedure exactly will not be considered. Send completed application to apply@jayceesfund.org.

PROJECT NARRATIVE

ABOUT THE ORGANIZATION

Describe the organization's purpose (reasons you exist) and mission (what you do and for whom).

(limit of 1,500 characters)

NEEDS ASSESSMENT

Problem to be solved with this grant.

(limit of 1,500 characters)

METHODS

Specifically explain how the grant will be used.

(limit of 1,500 characters)

EXPECTED OUTCOMES

Explain how this project will benefit the community.

(limit of 1,500 characters)