



**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 23, 2025 at 6:00 PM.

- Send via email. Write **ONLY** the name of your organization on the email subject line. Do **NOT** write anything else, such as "Application," "Grant Application," etc.
- Do **NOT** alter the application in any way or include photos or other supporting materials.

**Applicants who do not follow the above procedure exactly will not be considered. Send completed application to [apply@jayceesfund.org](mailto: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)