



**HANOVER LIFE SQUAD, INC. FUND
GRANT APPLICATION**

Name of Organization _____ **Amount requested** _____

Address _____ City _____ State _____ ZIP _____

Contact Person _____ Title _____

Work# _____ Home# _____ Cell# _____ Email _____

Do you have tax-exempt status under IRS section 501(c)(3)? Yes No
If yes, please include this form/letter. If no, please explain.

Attach narrative that includes following information:

- Describe proposed project or program.
- How will matching funds be obtained?
- If full funding is not received, how would the project be impacted?
- If grant application is not approved, what alternatives do you have?

Application must be signed by organization's President and show above the individual to whom future questions and correspondence may be addressed.

Authorized Signature

Date Signed

Print Name

**E-Mail completed application and other information to Debbie Mast at
dmast@hamiltonfoundation.org**

Or mail to:
Hamilton Community Foundation
319 N. Third Street
Hamilton, Ohio 45011

Questions: Contact the Hamilton Community Foundation office at 513-863-1717.