

The New Albany Community Foundation

Proposal Coversheet To Accompany Grant Proposal

Please print or type the information requested below. Attach the completed form to the front of the proposal and return with three copies to the below address.

The submission of this form does not constitute a completed application. Please refer to *Information for Grant Applicants* for guidelines on completing this grant application.

Please submit the original to:

The New Albany Community Foundation
Attention: Craig Mohre, Executive Director
220 Market Street, Suite 205
New Albany, Ohio 43054
Phone: 614-939-8150

General Information

Organization Name:

Address:

Project Address:

Executive Director:

Project Director:

Executive Director Phone Number

Project Director Phone Number:

Executive Director E-mail:

Project Director E-mail:

Project Information (Outcome and follow-up report due at project completion)

Amount Requested:

Time Period of Project:

Start:

End:

Other Organizations Involved:

Brief Summary of Project

Briefly describe your organization, its mission, how the project will benefit the New Albany-Plain Township community, what makes this project special, the goals of the project, and the measurable objectives.

Implementation

Briefly list the steps that will be taken in order to achieve the goals of the project and the resources that will enable you to continue and maintain this project.

LINE ITEM	FUND SUPPORT	OTHER SUPPORT
Salaries		
Supplies/Materials		
Printing Costs		
Equipment Costs		

Other		
Other		

List Members of Governing Board of Trustees or Policy Making Body

Indicate any members who are paid staff

Evaluation

Briefly explain how you will evaluate the outcome of your project? What criteria will you use?

Closing

- *Attach a copy of the IRS determination letter stating the organization is a tax-exempt public charity
- *Attach a copy of your organization's financial statement or last year's tax return
- *Attach letters of support

I certify that the above information is true to the best of my knowledge.

Signature of Executive Director

Print Name

Title

Date

