

# The Stow Munroe Falls Community Foundation, Inc.

*Gifting our communities since 1999*

## GRANT PROPOSAL FORM

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Proposal Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Total Cost of Project:** \_\_\_\_\_

*Is your organization affiliated with any other foundation?* \_\_\_\_\_

*If yes, please explain the affiliation:* \_\_\_\_\_

*Please write a brief summary of request on the back of this form. A separate page may be attached.*

Please return request by mail to:

The Stow Munroe Falls Community Foundation, Inc.

P.O. Box 2244

Stow, OH 44224

Stow Munroe Falls Community Foundation - home

Federal ID# 34-1911218