



Our mission is to serve and support the charitable needs of Tipp City, Monroe Township and Bethel Township through grantmaking.

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Bruce McKenzie

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Jim Kyle

Matt Timmer

P. O. Box 626

Tipp City, Ohio 45371

937-667-1270

www.tippfoundation.org

Agency: _____ Date: _____

Evaluation Due Date: _____
(or upon project completion)

Project: _____

Grant Amount: _____ Amount Spent: _____
Please contact us with an alternate use if you have unspent grant funds.

As a condition of accepting this grant, please acknowledge The Tipp City Area Community Foundations in all publications and media regarding this project.

Brief Summary of Project Outcome (include number of people impacted by grant)

Please list how the Tipp City Foundation was acknowledged in publications and media regarding this project. Provide copies of printed material if possible.

We need photos of your grant in action.

I have posted them on  at www.facebook.com/tippfoundation with a description of the grant, OR

I have emailed digital photos to dianafeatherstone@woh.rr.com, OR

I cannot supply electronic photos because _____

Submitted by: _____ Email: _____

Please return this form by the due date. Evaluations not received in a timely manner may negatively affect future grant requests.

Return to:

Jim Ranft
Tipp Eye Center
115 S Tippecanoe Dr
Tipp City, OH 45371

Phone: 667-1270

FAX: 667-7198

Email: jrrtco@aol.com

**TIPP CITY AREA
COMMUNITY
FOUNDATIONS
PROJECT EVALUATION**