



GRANT APPLICATION
THE WILLIAM'S GIFT FUND

Organization Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Is your organization recognized as tax/exempt under Section 501(c)(3) of the Internal Revenue Code?

Yes _____ Federal ID# _____ No _____ If no, please explain:

Date Organization Established: _____

Project Title: _____

Amount Requested: _____ Total Project Budget: _____

Other sources contacted for support for this project and amount:

Duration of Project: _____

Project Summary: Please attach a cover letter and separate information summarizing your proposal. Include brief, but specific information about the organization and project. Please refer to our website under Grant Information for additional requirements, meeting dates, and application deadlines.

Date

Signature of Chief Executive Officer/Authorized Official

Please submit one original application and three additional copies to:

The William's Gift Fund
c/o Tipp City Foundation
P. O. Box 626
Tipp City, OH 45371

(937) 528-2482

www.tippfoundation.org

Application Deadlines:

February 15

May 15

August 15

November 15