



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 We Give for additional requirements, meeting dates, and application deadlines.

Date

Signature of Chief Executive Officer/Authorized Official

Please submit one original application:

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