FY22 GRANT APPLICATION

ORGANIZATION INFORMATION

Organization: *

President/CEO: *

Name of Signature Authority: *

Email *

Address *

Street Address

Address Line 2

City

State / Province / Region

| United States ⌄ |

Postal / Zip Code

Country

DUNS No.

Federal Tax ID No. *

Supplier ID No.

501c3 or Ohio non-profit verification? *

🔘 Yes   ⚪ No

Please attach a copy *

[Choose File] No file chosen

BRIEF OVERVIEW OF APPLICANT ORGANIZATION

Years in Existence: *

> [   ]

County served: *

> [   ]

Mission: *

> [   ]

Have you previously been funded by the State of Ohio? *

🔘 Yes   ⚪ No

Have you previously been funded by the Governor's Office of Faith-Based and Community Initiatives? *

🔘 Yes   ⚪ No

PROJECT INFORMATION

Contact Person for the Project *

> [   ] [   ]
> First   Last

Phone Number *

> [   ] – [   ] – [   ]
> ###   ###   ####

Email *

> [   ]

Name of Project: *

> [   ]

Grant Request (check one) : *

🔘 $25,000

⚪ $75,000

⚪ $150,000

⚪ $250,000

Executive Summary : *

> [   ]

Narrative Description of the project, including the target audience and how the project fits into one of the four purposes of TANF: (All participants must be at or below 200% Federal Poverty Level) *

Check which purpose applies to your program: *

- ◉ Purpose 1
- ○ Purpose 2
- ○ Purpose 3
- ○ Purpose 4

Areas of Focus (select one): *

- ☐ Housing
- ☐ Reentry
- ☐ Workforce Development
- ☐ Food Security
- ☐ Personal Development
- ☐ Children's Initiatives
- ☐ Recovery

What deliverables will you accomplish during the grant period? *

PROPOSAL BUDGET

BUDGET *

Choose File | No file chosen

BUDGET NARRATIVE *

Choose File | No file chosen

LETTER OF INTENT *

Choose File | No file chosen

Signature of Applicant *

First	Last

Date *

☐ / ☐ / ☐ 🗓️

MM DD YYYY

Time *

☐ : ☐ : ☐ AM ⌄

HH MM SS AM/PM