



Columbia Community Foundation ♦ P.O. Box 567 ♦ Columbia Station, Ohio 44028  
Phone: 440-236-8000 ♦ info@thecolumbiacommunityfoundation.org  
www.thecolumbiacommunityfoundation.org  
*Registered 501(c)(3) Non-Profit Public Charity*

**Columbia Community Foundation Grant Application**

*The following grant application must be completed in full and mailed to “Columbia Community Foundation; Attn: Grant Application; P.O. Box 567; Columbia Station, OH 44028” in order to be considered. All completed grant applications will be reviewed at the foundation’s next board meeting following receipt. You may be asked to provide additional information. Please complete all sections of this grant application and please print clearly in ink.*

Requesting Organization’s Full Legal Name:

\_\_\_\_\_

Requesting Organization’s Doing Business As (if applicable):

\_\_\_\_\_

Requesting Organization’s EIN or Tax ID Number:

\_\_\_\_\_

Is Requesting Organization a Registered Nonprofit?

(If “YES”, then provide a copy of the IRS Letter of Determination)

YES                      NO

If Requesting Organization is a Registered Nonprofit, then what Type of Nonprofit:

501(c)(\_\_\_\_\_)              Not Applicable

Requesting Organization’s Address/City/State/Zip:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person’s Full Name:

\_\_\_\_\_

Contact Person’s Title:

\_\_\_\_\_

Contact Person’s Telephone Number (with Area Code):

\_\_\_\_\_

Contact Person’s FAX Number (with Area Code):

\_\_\_\_\_

Contact Person’s E-Mail Address:

\_\_\_\_\_

Requested Amount of Grant (in USD):

\_\_\_\_\_

Justification and Purpose for Grant Request (include a separate sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person’s Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

\_\_\_\_\_