
GRANT APPLICATION TO THE

STOUDER
MEMORIAL FOUNDATION
PROMOTING HEALTHCARE IN TROY AND MIAMI COUNTY

Organization Name _____

Address _____

Contact Person _____

Title _____ Telephone _____

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 the 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 the "Information For Grant Applicants" brochure for additional requirements, meeting dates, and application deadlines.

Date

Signature of Chief Executive Officer/Authorized Official

Please submit original application and nine copies to:

Stouder Memorial Foundation
c/o Melissa A. Kleptz, Executive Director
The Troy Foundation
216 West Franklin Street
Troy, Ohio 45373
(937) 339-8935