

The Portage Foundation
138 East Main St., Kent, Ohio 44240
Ph. 330-474-0480, Fax 330-474-0481 ExecutiveDirector@PortageFoundation.Org
GRANT APPLICATION COVER PAGE
(Please return with proposal)

DATE:

Name of Applicant Organization

Address:

City:

Zip code:

Telephone Number:

Fax Number:

E-mail Address of Contact Person:

Executive Director:

Project Request

Time frame and amount Requested:

Brief Description of Project (please use only space immediately below):

Which of the following categories does your request most closely align with? Please circle just one.

Health – Education – Environment – Human Services

Name and Title of Contact Person for Grant Request:

Address and Telephone Number:

Date of Current 501(c) (3) Determination Letter:

Federal Tax ID #:

By our signatures below, we certify that we have reviewed the information in this proposal and to the best of our knowledge it is accurate.

Executive Director

Board Chairman

Contact Person

Date: _____