

SONS OF UNION VETERANS OF THE CIVIL WAR
CHARITABLE FOUNDATION

Application for Grant Funding

Please type or print, using a ball-point pen, when filling out this application form.

1. General Information:

Organization Name: _____

Contact Name/Title: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

2. Is your organization non-profit or for profit? Non-Profit For Profit

3. IRS designation - Select one: **501c3** **501c4** **501c6** **501c19**

Public School **Federal, State or Local Government Agency**

4. Federal 501c3, c4, c6, or c19 Tax ID (EIN) # (9 digits) _____

(Number will be validated using the IRS publicly available database.)

5. What is the mission statement/purpose of the organization?

6. Grant amount requested? _____ Total project cost? _____

7. How will grant funds be used?

8. Please list other fund-raising projects carried out by your organization.

By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. The undersigned certifies that the board of directors or other governing board of the above organization has approved this application.

Name: _____ Date: _____

Mail Completed Application to:
Robert E. Grim, Chrm.
Committee on Grant Funding
SUVCW Charitable Foundation
5367 State Route 72 South
Sabina, OH 45169