

The Stow Munroe Falls Community Foundation, Inc.
Gifting our communities since 1999

GRANT PROPOSAL FORM

Name of Organization: _____

Address: _____

Phone: _____ **Fax** _____

Email: _____

Proposal Contact Person: _____

Title: _____ **Phone:** _____

Email: _____

Amount Requested: _____ **Total Cost of Project:** _____

Is your organization affiliated with any other foundation? _____

If yes, please explain the affiliation: _____

Please write a brief summary of request on the back of this form. A separate page may be attached.

Please return request by mail to:

The Stow Munroe Falls Community Foundation, Inc.

P.O. Box 2244

Stow, OH 44224

www.smfcommunityfoundation.org