



DELTA GATEWAY FOUNDATION, INC.
P.O. BOX 37290 * CINCINNATI, OH 45222

COMMON GRANT APPLICATION

Date of Application: _____ Legal Name of Organization: _____

Year Established: _____ Current Operating Expenses (Annual): _____

President's Name: _____

Phone Number: _____ Fax Number: _____

Contact Person/Title: _____ Phone Number: _____
(if different from President)

Organization Address: _____

City/State/Zip: _____

Website/Email Address: _____

Organization's Mission (Purpose): _____

Program/Project Description: _____

List any previous support received from DGFI (\$ amount/purpose) : _____

Purpose of Grant (one sentence) : _____

Dates of the Project: _____ Amount Requested: \$ _____ Total Project Cost (attach detail budget): \$ _____

Geographic Area Served: _____

Demographic Profile Served: _____
(gender, age, socioeconomic)

Post Project Evaluation Method _____
(how you plan to evaluate results)

Signature, Organization President: _____ Signature, Chair, Grant Committee: _____

Typed Name and Title: _____ Typed Name and Title: _____

RETURN TO: Secretary, Delta Gateway Foundation, Inc. P.O. Box 37290 Cincinnati, OH 45222