



Application period July 1st – December 1st. Grants will be reviewed by March 1st
Grant Request Application

Date of Application: _____

Name of Organization: _____

Contact Person/Title: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Project Name: _____

Purpose: _____

Amount Requested: _____ Total Project Cost: _____

Project Summary and Goals: _____

Project Start Date: _____ Project End Date: _____

Send Contribution To; Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Signatures:

President/Board of Directors Date

Executive Director Date

Please Mail to: **Black Swamp Bucks Unlimited**
15727 East State Rte 12
Findlay, Ohio 45840