

The Renner Foundation ---

505 North Wooster Avenue
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FAX: (330) 364-9901
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APPLICATION FOR GRANT

Completed application should be returned by March 15th to be considered in the upcoming year. Please submit the original to: *The Renner Foundation, Attn.: Grant Application*, at the above address.

Project Applicant: _____

Contact: _____ Telephone: _____

Applicant Address: _____

City, State, Zip Code: _____

Type of Organization: _____

Project Description and Justification, (attach additional pages as needed): _____

Location of Project: _____

Anticipated Project time-frame(s): _____

Total Project Cost: \$ _____ Grant Requested: \$ _____

Purpose of Renner Foundation Grant: _____

Other Project Funding (sources and amounts): _____

Have you previously received a Renner Foundation Grant? Yes No

If yes, year(s) received? _____ Amount Received: \$ _____

Purpose of previous grant(s)? _____

Signature of Authorized Applicant Representative: _____ Date: _____

Title: _____

If this grant is approved, applicant agrees to provide the Renner Foundation a report on project status/accomplishments at the end of six months, project completion and such other times as the Renner Foundation may request.

A copy of your letter from the IRS recognizing your organization as exempt from taxation under section 501(c)3 of the Internal Revenue Code must be included.