



Knights of Columbus

BRUNSWICK COUNCIL #4847

GRANT APPLICATION



(PLEASE PRINT OR TYPE ALL INFORMATION) (If more space is required, please attach additional sheets.)

Name of Organization: _____ IRS ID#: _____

Address: _____

City: _____ State _____ Zip Code: _____

Purpose for which this Grant will be used:

(Grant MUST be for a short-term Charitable/Educational/Religious purpose).

Area or Persons who will benefit from the activity for which the Grant will be used:

(While all Grant requests will be given due consideration on their individual merits, the proposed activity for which the Grant will be used should have a community-wide effect and should not have a local effect only. If your request for a Grant does not meet this criterion, why should it nevertheless be considered?)

Procedures that will be used in accomplishing the objective of the program for this Grant:

What Public Relations Benefit might be enjoyed by the Knights of Columbus if this Grant request is approved?

WHAT AMOUNT OF MONEY ARE YOU REQUESTING FOR THIS GRANT? \$ _____

What other sources have been or will be solicited for grants to be used for this same purpose?

(State amount of money requested and name of source or organization)

What plans does your organization have that will assure the continuation of your program or objectives when funds from this Grant have been expended?

I/We certify that our request for this grant complies with the guidelines of Brunswick Council, and I/We agree that our activity is subject to accountability and a detailed report will be submitted to the Officers of Brunswick Council upon completion of the project, but no later than one year after approval of this Grant Request. Such report must be in writing with 2 copies submitted.

Signed: _____ Date: _____

Print Name: _____

Title: _____

Phone: _____

Organization: _____

All Grants are subject to final approval by the Board of Trustees, Knights of Columbus Brunswick Council Charity Committee, after, and, if the necessary funds become available by the time of the Boards Quarterly Meeting.

THIS GRANT REQUEST MUST BE MAILED TO:

**James K. Maslach
Grand Knight
4927 Autumnwood Ln
Brunswick, OH 44212**

Please type or print all information and data. If more space is needed, please attach additional sheets.

For council Use Only:

Received Date: _____

Received By: _____

Committee Discussion Notes:

Committee Vote:

In Favor

Against

Signed

Trustee 1-Year

Trustee 2-Year

Trustee 3-Year

Grand Knight:

Date:

Vote At Meeting:

Meeting Date:
