

Ohio Anti-Racism/Pro-Reconciliation Commission
355 East Campus View Blvd., Suite 110 - Columbus, Ohio 43235-5616
Grant Application

Name of Organization _____

Contact Name/Title _____

Complete Address _____

Telephone _____

Fax _____

Email _____

Amount Requested _____

Project or activity name _____

IRS Tax Exemption: Church? ____ Yes ____ No

If other than a church: List agency tax I.D. number _____

Note: A copy of your IRS Exemption Letter MUST be attached to your proposal to verify the exemption.

Keep in mind who, when, how the grant will impact. Your proposal must be SMART (specific, measurable, attainable, realistic and time specific).

1. What is the organization's mission and major activities? Where are programs/activities conducted?

2. State the specific anti-racism target area of your proposal

3. Provide a short summary statement describing the specific need and nature of the proposal; include specific activities, services, and methods used to implement the project/program. State the number of participants.

4. List the desired outcome (benefits/changes) expected from the implementation of this project: new or changed attitudes, knowledge, values, behaviors, skills, or other attributes.

5. How you will measure the success of this program/project based on your goals.

6. Please describe any in-kind contributions expected or any plans to collaborate with other agencies/groups.

7. Has this organization or program/project received an Ohio Anti-Racism Grant before?
Yes _____ No _____

**A detailed income and expense budget must be attached.
Please include an annual report or other organizational literature that might be helpful**

Organization Contact signature _____

Date _____