Print Form

SONS OF UNION VETERANS OF THE CIVIL WAR
CHARITABLE FOUNDATION

# Application for Grant Funding

**Please type or print, using a ball-point pen, when filling out this application form.**

1. General Information:

Organization Name: _____

Contact Name/Title: _____

Address: _____

City/State/Zip Code:_____

Telephone Number: _____

2. Is your organization non-profit or for profit? ◉ Non-Profit ○ For Profit

3. IRS designation - Select one: ◉ **501c3** ○ **501c4** ○ **501c6** ○ **501c19**

○ **Public School** ○ **Federal, State or Local Government Agency**

4. Federal 501c3, c4, c6, or c19 Tax ID (EIN) # (9 digits) _____

(Number will be validated using the IRS publicly available database.)

5. What is the mission statement/purpose of the organization?

Preserving the history and legacy of the heroes who fought to save the Union during the Civil War

6. Grant amount requested? _____ Total project cost? _____

7. How will grant funds be used?

8. Please list other fund-raising projects carried out by your organization.

By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. The undersigned certifies that the board of directors or other governing board of the above organization has approved this application.

Name: _____ Date: _____

Mail Completed Application to:
Robert E. Grim, Chrm.
Committee on Grant Funding
SUVCW Charitable Foundation
5367 State Route 72 South
Sabina, OH 45169