

The Portage Foundation  
138 East Main St., Kent, Ohio 44240  
Ph. 330-474-0480 ExecutiveDirector@PortageFoundation.Org  
GRANT APPLICATION COVER PAGE  
**(Please return with proposal)**

DATE:

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**Name of Applicant Organization**

Address:

City:

Zip code:

Telephone Number:

Fax Number:

E-mail Address of Contact Person:

Executive Director:

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**Project Request**

Time frame and amount Requested:

Brief Description of Project (please use only space immediately below):

Which of the following categories does your request most closely align with? Please circle just one.

Health – Education – Environment – Human Services

Name and Title of Contact Person for Grant Request:

Address and Telephone Number:

Date of Current 501(c) (3) Determination Letter:

Federal Tax ID #:

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By our signatures below, we certify that we have reviewed the information in this proposal and to the best of our knowledge it is accurate.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Board Chairman

\_\_\_\_\_  
Contact Person

Date: \_\_\_\_\_