



Ohio AMVETS Charities (OAC)

960 Checkrein Avenue Columbus, OH 43229



Grant Request Form

Requesting Organization Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ EIN: _____

Phone: _____ Email: _____

Grant Detail:

Project Title: _____

Grant Date: _____ Amount Requested: _____

Statement of Need:

Please specify in detail why you are applying for this grant and what this grant will be used for. If it is going to be used for a program, please include the time period this grant will cover. For example, "Post 25 will be using funds provided by this grant to feed homeless veterans once a week at the Post for the next 12 months."

Documentation of Financial Need

Documentation of Financial Need is a budgetary analysis that grant requestors write to justify financial need for a grant through Ohio AMVETS Charities.

Current IRS Form 990 (front page): _____

Current bank balance and bank statements (as of the date of the request): _____

Total annual income (from most recent fiscal year): _____

Total annual expenses (from most recent fiscal year): _____

Monthly Budget

DATE	ITEM	INCOME	EXPENSE	BALANCE
TOTALS				

 Printed Name of Grant Requestor, Organization Name and Title Phone number

 Signature of Grant Requestor Date

For Office Use Only

Grant Action: Approved Rejected Returned Other

Comments: _____