NEW BREMEN FOUNDATION

P.O. Box 97, New Bremen, Ohio 45869

Grant Application

Date: _____

To which Fund are you applying:

☐ Community Impact Fund ☐ Komminsk Family Fund

☐Other _____

A. Contact Information *Fill in all areas.*

Name of Organization: _____

Name of Contact: _____

Mailing Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Is your organization's federal 501(c)(3) status current? ☐ Yes ☐ No

Does your organization serve residents in New Bremen, Ohio or the surrounding community (or within a 50-mile radius if applying for the Komminsk Family Fund)? ☐ Yes ☐ No

What field of interest does your organization operate under?

☐ Arts ☐ Civic Engagement ☐ Education

☐ Environment ☐Health and Human Services ☐Other _____

B. Project Information

Briefly describe the proposed project (i.e. general operating, project name):

_____

Amount Requested: _____

C. Proposal

Please attach a short proposal (no more than two pages) including your organization's mission and the purpose of the grant. Be sure to include the rationale for the proposed project, how the project will benefit the New Bremen or surrounding communities, and how the project will be implemented. Please include your organization's total budget, administration costs, and project costs. Also state whether you have received funds from NBF before. Supplemental attachments may be provided as you feel necessary (no more than three pages).