

**Taste of Hudson  
2017 Grant Application**



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

Organization Name: \_\_\_\_\_

Organization Tax ID #: \_\_\_\_\_

Executive Director/CEO/President: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Proposal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Project Budget Amount: \_\_\_\_\_

Annual Budget (Organization): \_\_\_\_\_

Program/Project Title: \_\_\_\_\_

Purpose of Grant (Please summarize purpose in three to four sentences):

Grant Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Group Mission Statement, Grant Goals/Objectives and Evaluation Measurements

(Briefly state 3-5 objectives that will indicate success of the Grant):

**Grants Accepted August 1 - 31, 2017**

**Grant Request not accepted or considered without a completed W-9 and proof of non-profit status**

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Taste of Hudson Grants  
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Hudson OH 44236