

**Taste of Hudson 2018
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, 2018

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

Mail To:
Taste of Hudson Grants
Attn: Ed Sogan
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Hudson OH 44236