



MINERVA COMMUNITY CHARITABLE FUND

A 501(c)(3) Endowment Fund of Stark Community Foundation

**Applications will be considered for the support of charitable,
cultural, educational and scientific organizations and activities
for the benefit of the Greater Minerva, Ohio, area.**

Grant Application

Applicant's Name _____

Address Line 1 _____

Address Line 2 _____

City _____ **State** _____ **Zip Code** _____

Project Contact Name _____

Project Contact Phone # _____

Project Contact Email _____

Total Amount Requested: \$ _____

Program Name _____

1) Please write a brief one paragraph summary about how you plan to use monies requested and include which of the Fund's purposes your project addresses:

2) Please give a brief history of your organization_____

3) Mission of your organization:_____

4) Project Description:

(List goals, objectives, expected outcomes and budget)

5) Action Plan and Timeline:_____

6) Number of people to be served_____

7) Clearly define how your project relates to our focus area:

8) Would you accept partial funding? If so, how will you then implement the program:_____

9) How will this program be evaluated_____

10) Have you applied to or received a grant or grants from this Fund before?

(Please attach additional pages as necessary)

**Applications should be mailed to:
Minerva Community Charitable Fund
203 North Market Street
Minerva, OH 44657**

APPLICATIONS WILL BE REVIEWED QUARTERLY