



PAINESVILLE COMMUNITY IMPROVEMENT CORPORATION

Painesville Community Improvement Corporation

Community Grant Application Form.

Date Application Submitted: _____

Amount requested for Grant: _____

Name of Organization requesting Grant: _____

Address of requesting Organization: _____

City: _____ Zip Code: _____

Web site address (if available) : _____

Name of Contact person for this grant: _____

Telephone: _____ E-mail: _____

Program/Project Description:

Please provide a short description of the program/project for which you are requesting funds.

**If requesting funds above \$2,500 please contact a PCIC representative to make a formal proposal to the grants committee. E-mails requesting such a meeting can be sent to grants@painesvilleimprovement.com*

Purpose/Goal Description:

Please provide the purpose or goal of the Program/Project for which funds are requested.

Program/Project cost Breakout:

Please provide how much is being requested from PCIC, the total costs of the project, and how those costs were determined.

Matching/Other Funding:

Please describe in detail any funds that are provided by the individual, organization or others to help support the total program/project costs (if applicable).

Community Impact Statement:

Please provide a detailed explanation of how this program/ project will benefit the community.
