



**City of Canal Winchester
Bed Tax Grant Program Application**

Name of Organization: _____

Address: _____

Website: _____

Contact Name/Title: _____

Contact Phone Number: _____ Contact Email Address: _____

Type of Organization _____ Non-Profit _____ Private _____ Other (Please Describe)

Is your organization audited: _____ Yes _____ No If yes, list most recent year audited: _____

Project Name or brief description (one sentence or less) of project: _____

Project Date(s) or Timeline: _____

Amount of Funding Requested: _____

Total Project Budget (including all sources): _____

Please briefly describe other funding sources included in Total Project Budget: _____

Please briefly describe how requested funds will be used: _____

Project Summary: Please include the following information with this application. Refer to the Bed Tax Grant Program Guidelines for additional information on these requirements.

1. Brief, descriptive narrative (no more than 2 pages) of the project.
2. Budget for the project or calendar year in which project will occur.

Authorized Official's Signature

Date