



Steuben County Community Foundation Hamilton Fund Grant Application

The Hamilton Fund was established in 2000 as part of a Community Challenge issued by the Lilly Endowment and Dekko Foundation. The purpose of the fund is to improve the quality of life in Hamilton by providing financial support to projects impacting the community.

The fund has identified several broad categories in which needs exist and in which grant requests are encouraged, with emphasis on providing long term solutions. Categories include:

- Youth/Education
- Health & Human Services
- Seniors
- Arts & Humanities
- Environmental/Community/Development

Please mail completed application and supporting documentation to:

Mary Vail

P.O. Box 272

Hamilton, IN 46742

mvail0692@frontier.com

For questions call 260.488.6005



1701 N. Wayne Street, Angola, IN 46703 | 260.665.6656 | jgentile@steubenfoundation.org
www.steubenfoundation.org

Our Mission:

“Connecting people who care with needs that matter to our community.”



Our Vision:

Serving as a community leader and improving the quality of life by assessing, supporting, and coordinating philanthropic giving and endowment building.

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Please type. If you recreate this on your computer, include all the requested information.

Contact Information:

Applicant Organization's Name:

Address, City, State, Zip:

Phone:

Fax:

E-mail:

Person Requesting Funds:

Title:

Request authorized by (if applicable):

Project Name:

Purpose of Grant:

Agreement

To the best of my knowledge and belief, statements in this grant application are true and correct; the governing body of the applicant has duly authorized the document, and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant. We understand and support this proposal and commit the resources as outlined for the successful implementation of the proposed program/ project. We agree that the funds requested, if granted, will be used exclusively for the purposes outlined in this proposal.

GRANT WRITER/ AUTHOR OF THIS PROPOSAL (signature)

DATE