



John H. & Evelyn L. Ashton Preservation Association

Attention: Elaine Painting, Executive Director

60 West Main Street

Carrollton, Ohio 44615

330-627-2340

Proposal Coversheet to Accompany Grant Proposal

Attach this completed form to your proposal and return 1 complete copy to the above address. Please use a paper clip to hold all the pages of your proposal together. No need to place proposal in a binder. The submission of this form does not constitute a completed application.

Applications will be considered 4 times per calendar year. Submission deadlines are Jan 1, April 1, July 1 and October 1.

Organization Information

(Name of organization)

Type of Organization (check one)
 501©(3)* Government Agency Public School Private School Other (specify)

Address: _____

Phone Number: _____ E-mail: _____

Contact Person: _____

Date Organization Was Established: _____

Project Information

Amount Requested: \$ _____

Project Time Period: From _____ To _____

Name of Program/Project: _____

Brief Description: _____

(over)

*If you checked the 501©(3) box above include a copy of your organization's tax-exempt approval letter from the IRS.
approval letter from the IRS.

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Board Information

Members of Governing Board: (Pres., V.P., Sect., Treas.) _____

Members of governing board who are paid: _____

Number of meetings held last fiscal year: _____

Total number of organization members: _____

Average number of organization members attending each meeting: _____

Financial Information

Fiscal year for your organization (example: July 1, 2005 to June 30, 2005):

Last fiscal year beginning and ending balance: Beginning \$ _____

Ending \$ _____

Total expenditures by your organization last fiscal year: \$ _____

Total amount spent for fundraising last fiscal year: \$ _____

Sources of income in the last fiscal year, noted by percentage: (must total 100%)

Government _____

Board Members _____

United Way _____

Individual Donors _____

Foundations _____

Endowed Income _____

Corporate Donations _____

Church Donations _____

Public Fundraisers _____

Other _____

Signature of Chief Financial Officer: _____

I certify that the above information is true to the best of my knowledge.

Name (please print): _____

Title: _____

Date: _____

Signature of the Chief Executive Officer: _____