

The Albert G. and Olive H. Foundation Grant Application

Organization _____

Project Title _____

Amount Requested _____ EIN: _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Email _____

Executive Director _____ Phone _____

Signature of Executive Director or organization Chairperson _____

Grant Contact Person _____ Telephone or Email _____

Please refer to our Grant Application page for the relevant information to include in your (no more than two page) narrative along with the completed budget form on the next page.

Please refer to the Grant Application page for the required documents to accompany your application.

Grants are awarded twice a year with deadlines of April 30 and October 31st

Submit by mail or email your completed application with cover sheet, narrative, budget form, and required documents to:

**Albert G. And Olive H. Schlink Foundation
P.O. Box 353 143 East Water Street 3rd Floor
Sandusky, Ohio 44870 Email: Schlinkboard@gmail.com**

Your Submission

Please submit only requested information. If we have any questions we will contact you. Additional information submitted as part of this request will not be considered. Extensive and voluminous information will not be reviewed or considered. PLEASE BE BRIEF.

Incomplete applications or applications submitted after the deadline will not be considered.

Applicant organizations may be contacted for further information or documentation regarding the grant application. However, it is the policy of the Schlink Foundation not to engage in discussions regarding outcomes of pending grant proposals.

The Albert G. and Olive H. Schlink Foundation