

The Charles H. Hoch Foundation Grant Request Form

Date:

Organization:

Address:

Contact Person:

Telephone:

Email:

Amt. Requested:

Is this your first application to the Hoch Foundation? Yes\_\_\_\_ No\_\_\_\_

If No has your contact information changed since your last submission? Yes\_\_\_\_ No\_\_\_\_

Please remember to include the following documents:

Statement of Purpose Yes\_\_\_\_

501-C-3 Yes\_\_\_\_

List of Officers Yes\_\_\_\_

Financials Yes\_\_\_\_

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Below is for foundation use only.

Amount Granted: \$\_\_\_\_\_

Please accept this as your direction to remit a check from the foundation account for the amount granted as stated above.

Trustee \_\_\_\_\_ Date \_\_\_\_\_  
signature

Trustee \_\_\_\_\_ Date \_\_\_\_\_  
signature