

Applications may be mailed to PO Box 441, Dover, OH 44622 Or, email to: office@reevesfound.org

ORGANI	IZATION NAME		DATE	
	STREET, CITY, STATE, ZI	P		
PRIMARY CONTACT	TITLE		DAYTIME PHONE	
SIGNATURE			EMAIL ADDRESS	
SECONDARY CONTACT	TITLE		DAYTIME PHONE	
			EMAIL ADDRESS	
ining the intent and purpose of L. Will funds from your organization project, and if so, how much?		NO NO	AMOUNT	
Will funds from other organization project, and if so, how much?		NO	AMOUNT	
	YES	NO	AMOUNT	
If YES to	o above, please list names o	of funding sources.		
3. Total request from the Reeves Fo	oundation for this project.		AMOUNT	
I. Contractor estimates and/or pur	chase orders detailing cost	of project.	AMOUNT	
	Ç	· ·	YES NO	
. Current evidence of your organia provisions of the IRS Code, Section 5	•	nds from a private	e foundation under the	
			YES NO	
5. Annual budgets and current fina	incial statements.			
			YES NO	