CCF Grant Application

Applicant Name:		<u>—</u>		
Name of person helping with app	lication (if applicable):			
Address, City, Zip:				
County of residence:				
Phone Number:	Email:			
Date of Birth:	Waiver Type: IO	Level 1	SELF	None
Would you be willing to share the copublications? Yes No	outcome of your project that ma	y be featured ii	n newslette	rs and/ or
Amount of money requested (up	to \$500):			
Description of Proposal (brief yet points included below): How will t spend the money? (What you will you will buy it, When will you bu	the grant help you achieve you Il buy, Who you will buy it fro	ır employmen	t goal(s)? I	How will you





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Submit all questions and applications via email to cefgrants@19servicesinc.com.

Brief Description of Proposal (brief	ef yet thorough enough for com	mittee to gain understanding
addressing all points included below	y): How will the grant help yo	ou achieve your employment goal(s)?
How will you spend the money? (What you will buy, Who you	will buy it from, Where will you buy
it from, How you will buy it, When	n will you buy it).	
		f statement providing justification of
how and why each expense is necess		
Item(s) Requested	Expected Cost	Brief statement of how and why this is necessary





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All questions and applications will be submitted via email to ccfgrants@19servicesinc.com.

First round application must be submitted by July 30th, 2021. Second round applications must be submitted by September 30th, 2021.

Applications may be submitted via email to: ccfgrants@19servicesinc.com

or

BY MAIL, PLEASE SUBMIT TO:

Nineteen Services, Inc. - CCF Grant

3085 Shoemaker Rd.

Lebanon, OH 45036



