

The Renner Foundation

1120 Chester Avenue, Suite 470
Cleveland, Ohio 44114

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216.696.2582 (fax)
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APPLICATION FOR GRANT

Completed application should be returned by March 15th to be considered in the upcoming year. Please submit the original to: *The Renner Foundation, Attn: Grant Application*, at the above address.

Project Applicant: _____

Contact Name/Phone: _____

Applicant Address: _____

City, State, Zip Code: _____

Type of Organization: _____

Project Description and Justification (attach additional pages as needed): _____

Location of Project: _____

Anticipated Project time-frame(s): _____

Total Project Cost: \$ _____ Grant Amount Requested: \$ _____

Purpose of Renner Foundation Grant: _____

Other Project Funding (sources and amounts): _____

Have you previously received a Renner Foundation Grant? Yes _____ Amount Received and Year _____ No _____

Purpose of previous grant(s)? _____

Signature of Authorized Applicant Representative: _____ Date: _____

Title: _____

If this grant is approved, applicant agrees to provide the Renner Foundation with a report on project status/ accomplishments at the end of six months, at project completion, and such other times as the Renner Foundation may request.

A copy of your letter from the IRS recognizing your organization as exempt from taxation under Section 501(c)(3) of the Internal Revenue Code must be included with this application.