



# Funding Request Form

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Description of Project or Reason for Funding Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Project Budget \_\_\_\_\_

Other Sources Contacted for this Project or Request and Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How Will the Funds Requested be Used? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this application along with any supporting information to:**

**Miami County Home Builders Foundation  
1200 Archer Drive, Troy, OH 45373**

**Questions: Call us at 937-703-9073 or E-Mail: [mchomebuildersfoundation@gmail.com](mailto:mchomebuildersfoundation@gmail.com)**

**For Office Use:**

Request Approved    Amount \$ \_\_\_\_\_     Request Denied

Signed by \_\_\_\_\_