



THE AULTMAN FOUNDATION

## Proposal Cover Sheet

### Applicant Information:

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

Type of Organization: 501(c)(3)\_\_\_\_\_ EIN Number: \_\_\_\_\_

Applying under category:  Health & Wellness  Education  Human Services  
(Please check one)

Number of people you will serve: \_\_\_\_\_

*For previous grant recipients, completed year-end report was turned in on time* \_\_\_\_\_

President or Executive Director: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Title: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Brief Summary of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send completed cover sheet, checklist and **2 copies of your proposal to:**

The Aultman Foundation  
Attn: Program Director  
2600 Sixth St. SW  
Canton, OH 44710