



Inspire • Engage • Create

Proposal Coversheet To Accompany Grant Proposal

Good Neighbor Fund

Please print or type the information requested below. Attach the completed form to the front of the proposal and return with three (3) copies to the below address.

Please submit the original and copies to:

Executive Director
The Upper Arlington Community Foundation
3600 Tremont Rd
Upper Arlington, Ohio 43221

General Information

Applicant Name:

EIN/SSN:

Address

City

Zip

Amount Requested:

Identify Need:

Brief Summary of Need

Please describe the emergency/critical need that threatens your ability to meet basic needs:

Have you partnered with a Good Neighbor Fund Advocate? Identify the partner and results of your interaction. Our current partners include: Upper Arlington Lutheran Church, First Community Church, Syntero; UA Commission on Aging: UA Fire and UA Police.

Have all other resources, i.e., family, social services, etc. been exhausted?

Please include a copy of the invoice and/or bill you are requesting help with.

If your application was not submitted by a Good Neighbor Fund Advocate Partner, please list three (3) references with contact information that can confirm and recommend you for this grant award.

1. _____

2. _____

3. _____

We hope that you would be willing to tell your story so it may serve to inspire others to support the Good Neighbor Fund.

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