

# Old Settlers Association, Inc.

P.O. Box 281  
Columbia City, IN 46725

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## GRANT PROPOSAL

Date of Application: \_\_\_\_\_

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

Contact Person/Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Proposed Project:

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Additional funding sources:

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Cost of Project: \_\_\_\_\_

Amount Requested from Old Settlers Association, Inc.: \_\_\_\_\_

\_\_\_\_\_  
Signature

Please return this Grant Proposal Request to:

Old Settlers Association, Inc.  
Box 281  
Columbia City, IN 46725