



**Painesville City Improvement Corporation
GRANT APPLICATION**

DATE: _____

AMOUNT REQUESTED: _____

NAME: _____

1. PROGRAM/PROJECT DESCRIPTION:

2. PURPOSE/GOAL OF THE PROJECT:

3. TOTAL COST ASSOCIATED WITH PROJECT:

4. WILL THERE BE MATCHING OR OTHER FUNDS TO ACCOMPLISH THIS PROJECT?

5. WHAT WILL THE IMPACT ON THE COMMUNITY BE?

Please mail your completed Grant Application form to:
**Painesville City Improvement Corporation
P.O. BOX 415
Painesville, OH 44077**



**Painesville City Improvement Corporation
GRANT APPLICATION (continued)
END OF PROJECT REPORT**

DATE: _____

NAME: _____

1. WAS THE PROGRAM/PROJECT COMPLETED?

2. WAS IT A SUCCESS?

3. WAS IT COMPLETED WITHIN THE BUDGET YOUR PREDICTED?

4. WHAT BENEFITS WERE DERIVED?