

# The Cline Family Community Fund

## Request Form

ID	
Year	
Award	

### Contact person

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Organization Information

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

### Request Information

Project name: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_ (Min \$500/Max \$1,000) Project Total Cost: \$ \_\_\_\_\_

Request category:  Equipment / Supplies  Special Project  General Operations

Matching grant  Startup for new program (identify) \_\_\_\_\_

Describe the planned use of the funds:

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### Benefits

Describe the expected benefits of this request:

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**Submit form to:** Mark R Cline or email: [mrcline@pipetrng.com](mailto:mrcline@pipetrng.com)  
25300 Kinney Pike  
Richwood, OH 43344

01/2023  
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