

2. Details of Grant Request

Briefly describe the project or program for which funds are requested. A more detailed explanation may be attached.

Grant Amount Requested _____ One time only? Yes _____ No _____
(One time only refers to requests where the organization will not come to the Foundation for funding for the project in the future. If you feel you will come to the Foundation in future years, please indicate this below.)

If this is not a one-time-only request, please indicate the dates the funds for this grant will be needed:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Geographic Area Grant Will Serve: _____

Number of Individuals/Families Grant Will Serve: _____

Other Funding Sources Applied To For This Project:

Source	Amount
_____	_____
_____	_____
_____	_____

Sources of Firm Pledges and Commitments to Date:

Source	Amount
_____	_____
_____	_____
_____	_____

Have you been refused any funding for this program? Yes _____ No _____
If yes, why?

If this project will be a continuing one, explain in detail the source of funds for operations in future years:

If the Greater Milan Area Community Foundation does not approve your request for a grant, what alternative plan would you probably follow?

3. Financial Record of Organization

Sources of Funds in Previous Years:

Itemize the complete cost of the program or project for which you are making a grant application in the area below.

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total

Itemize the sources from whom you hope to receive funds for this project or program.

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total

Other Assets Available for the program or project (Endowments, Reserves, etc.):

Asset	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you applied for, or are you contemplating applying for, State or Federal funds? Yes _____ No _____

If yes, explain fully, including the amounts that may be available from these sources

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Previous Grants your organization has received from the Greater Milan Area Community Foundation or the Community Foundation of Monroe County:

Project and Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Additional Financial Statements or Documents If Needed

4. Project Details

What led you to seek funding for this project (i.e. Community Support, Research, Fact-Finding, etc.)?

Please explain the need for your project and its relevance to improving the quality of life in the Greater Milan Area:

Have similar projects been undertaken by other organizations in the community?

How will you evaluate the success of your project?

Is there any other information you wish to include that is pertinent to your project?

To be signed by your organization's President and by the individual to whom questions and correspondence may be addressed.

President:

Contact Person

Applicants must submit eight (8) copies of the grant application and two (2) copies of attachments and supplementary materials.

Grant applications may be mailed to the address below or delivered to any member of the Board of Trustees.

**The Greater Milan Area Community Foundation
P.O. Box 204
Milan, MI 48160**