

# MIAMI AND AREA FOUNDATION INC.

*Where Dreams Live On*



## GRANT APPLICATION

### 1. AGENCY INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/RM \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ NUMBER OF MEMBERS: \_\_\_\_\_

REVENUE CANADA CHARITABLE TAX NUMBER: \_\_\_\_\_

### 2. GRANT REQUEST

AMOUNT REQUESTED: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ PROJECT DURATION: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

PROJECT BUDGET – Attach a detailed project budget indicating anticipated income and costs by category.

EXPENSES

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL EXPENSE: \$ \_\_\_\_\_

REVENUES

FUNDS ON HAND \$ \_\_\_\_\_  
FUNDRAISING \$ \_\_\_\_\_  
OTHER SOURCES OF REVENUE \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ confirmed unconfirmed  
\_\_\_\_\_ \$ \_\_\_\_\_ confirmed unconfirmed  
\_\_\_\_\_ \$ \_\_\_\_\_ confirmed unconfirmed

Request from the Miami and Area Foundation \$ \_\_\_\_\_  
\$ \_\_\_\_\_

4. Provide a brief description of your project and the relationship of the project to the overall goals and services of your organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Tell us how the project will benefit the community.

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6. How will the Miami and Area Foundation be recognized in contributing to this project?

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7. Have you approached other sources for support? Yes No

If yes, please list those approached indicating level of support obtained.

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8. Has this project been authorized by your agency's governing body?

Yes No When? \_\_\_\_\_

MIAMI AND AREA FOUNDATION INC.

THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT OR ANOTHER OFFICER OF THE AGENCY'S GOVERNING BODY:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

NAME OF INDIVIDUAL FROM WHOM FURTHER INFORMATION MAY BE OBTAINED: ( We may ask for additional financial information)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone