

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.

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

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

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

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