

## **FUNDING REQUEST FORM**

Date of Application	Legal name of organization applying
	\$
Year Founded	Current Operating Budget
Executive Director	Phone number
Contact person/title/phone number (if differe	ent from executive director):
Address (principal/administrative office)	City/State/Zip
E-mail address	
Project Name	Is this an existing project? Yes□ No□
Purpose of grant (one sentence)	
Dates of the Project	Geographic Area Served
\$	\$
Amount Requested	Total Project Cost

SEE PAGE 2 FOR REQUIRED ATTACHMENTS TO THIS APPLICATION





## PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION

Purpose of Grant (4 pages max)	
<ul> <li>Narrative of project(s) goals, objectives, and action plans.</li> </ul>	
<ul> <li>Timetable for implementation of project(s).</li> </ul>	
<ul> <li>Description of the how project(s) will benefit your organization and/or audience.</li> </ul>	
<ul> <li>Description of current programs, activities and accomplishments (if applicable).</li> </ul>	
Evaluation (1 page)	
<ul> <li>Plans for evaluation, including how success will be defined and/or measured.</li> </ul>	
□ Budget	
<ul> <li>Budget – indicate on the budget the total amount requested for funding (may be all of</li> </ul>	

- part of the total budget). If the amount requested is only part of your budget, please indicate the source of the remaining funds.
- A plan (1 page max) that briefly describes how each budget item relates to the project and how the budgeted amount was calculated.
- Priority of items in the proposed budget, in order of need for success.

SUBMIT THIS GRANT APPLICATION AND ALL REQUIRED ATTACHMENTS TO

Mackinac Arts Council PO Box 1834 Mackinac Island, MI 49757

or email as PDF attachment to

philip@mackinacartscouncil.org