



SHELBY COMMUNITY FOUNDATION GRANT APPLICATION



1. Date of Request _____ Application must be received by September 1st.

2. Organization Name _____

Project Director Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

3. Your organization is: Non-Profit _____ School _____ Government _____

4. Project Title _____

5. New program / project _____ Existing program / project _____

6. Project Description (Include what the project is, why it is needed, how it will affect the target population of Women in Shelby Township, and the timetable.)

(Attach no more than one additional sheet, if necessary.)

7. Total Project Budget Amount _____ Amount of grant requested _____

8. Include required attachments. (See Grant Application Guidelines sheet.)

9. Signatures: We the undersigned have read the above application and certify that all information is correct to the best of our knowledge. Grants awarded at the sole discretion of the Shelby Community Foundation Board of Directors.

Chief Organization Officer

Project Director

Date

PLEASE MAIL TO: Shelby Community Foundation, Attn: Planned Giving Committee
P. O. Box 183181, Shelby Township, MI 48318