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**T.O.W.N. (Treasure Our Wonderful Neighborhoods)**

**Grant Application**

Note: please contact MACF Program Officer Melissa Kesterson prior to applying.

Contact info: 989.839.9661 or mkesterson@midlandfoundation.org

1. Legal name of the organization applying (identical to name on the IRS Tax Determination Letter)
2. Common organization name (if different from legal name)
3. Employment Identification Number
4. Application Number (provided by program officer during initial contact to discuss proposal)
5. Contact Information (address, city, state, zip, telephone, email)
6. Contact person for request (name, phone number and email)
7. Dollar amount requested
8. Total project cost
9. Project title
10. Project date
11. Project summary (a brief statement, 75 words or less, describing your project)
12. What is your plan for engaging your community in this project?

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Project Budget

|  |  |
| --- | --- |
| **Revenue** | **Expenses** |
|  |  |
| MACF Grant $5,000 (pending) | Equipment |
| In Kind Donations  | Supplies |
| Cash Donations  | Labor |
| Community Member Engagement | Other Misc. Expenses |
|  |  |
|  |  |
| **Total Revenue** | **Total Expenses** |

**Notification will be given within two weeks of application.**

**Midland Area Community Foundation**

**76 Ashman Circle Midland MI 48640 989-839-9661 www.midlandfoundation.org**