

Community Grants Initiative Application

Applicant Name(s), Email, and Phone:

Name of Organization: Advisor Name, email, phone and signature:_____ ____ Title of Project/Funding Request: _____ Amount of Funding Requested: _____ Is this a lump sum request, or will the funds be used over time? Funds Needed By Date: _____ Please Explain Your Proposed Use of Funds: (including details about how the funds would be used)

How does this project support, enrich, and/or benefit the MPA community/classroom?

Are you receiving additional financial support for this project? If so, please indicate what portion you wish the PA will contribute. (ie: the PA grant will fund 1/2 the program).

If funding is granted, to whom should the check be made?

Division Head Signature:

Please send form via email, picture, or scan to Natalie King natalieking10414@gmail.com

PA Approval Signature:

Date: