

Marston Family Foundation Fund

Grant Application

Project Name:

Organization Information

Organization Name:

EIN:

Organization Mailing Address:

City, State & Zip Code:

Organization Phone:

Organization Email:

Executive Director Name:

Director Email:

Application Point of Contact:

Point of Contact Email:

Mission Statement:

Project Information

Request amount:

Please describe the activity you propose to undertake in one sentence.

Project Narrative

On the following page, please describe the need for and intent of your project.

Budget Spreadsheet

Please also attach when submitting a project budget with narrative descriptions of each cost. If funding from other sources will be used in this project, please identify those sources.

Signature

By signing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

Name and Title of Authorizing Official

Signature of Authorizing Official

Date

Marston Family Foundation Fund

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Project Description

Please provide the following in the project description:

- the need for the project
- why the particular activity was chosen
- provide a timeline for the project including when it is scheduled to begin