



MARC Foundation
 PO Box 1724
 Wappingers Falls, NY 12590
 (845) 264-7256

www.marc-foundation.org
info@marc-foundation.org

GRANT REQUEST FORM

| | |
|---|--|
| Date: | |
| Title of Proposal: | |
| Type of Project (i.e. prevention, recovery, housing, etc.): | |
| Submitted by: | |
| Telephone (work): | |
| Telephone (home): | |
| Telephone (cell): | |
| Fax: | |
| Amount Requested: | |
| Duration of Project: | |
| Agency and Address of Agency to Receive Grant (If a check, to whom is it payable and where is it mailed?): | |
| Project Plan & Objectives: | |
| Location of Project: | |
| Methods to Be Used to Implement Project: | |
| Anticipated Benefits and to Whom: | |
| What is the time schedule for the Project? | |
| Financial Statement: Give a breakdown of expense requirements & total cost: | |
| How will the MARC Fdn funds be used (if granted)? | |
| How much will be funded by other sources for this project, and from whom? | |
| Agreements: The applicant agrees that: All publications resulting from this Project will acknowledge the support of the MARC Foundation and that two copies of such publications will be sent to the Foundation at PO Box 1724, Wappingers Falls, NY 12590. A progress report will be submitted to the Treasurer of the Foundation by June 1 st of this Year being (fill in year): | |