

Marc Foundation PO Box 318 Millbrook, NY 12545 (845) 264-7256

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## **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 318, Millbrook, NY 12545.                 |
| A progress report will be submitted to the Treasurer of the Foundation by June 1 <sup>st</sup> of this Year being (fill |
| in year):   |