



MUNICIPAL GRANT FUNDING PROGRAM
MICRO GRANT APPLICATION

APPLICANT INFORMATION

Applicant (Full Name, or Organization)

Contact Person (if applicable)

Mailing Address

Email

Phone Number

PROJECT/INITIATIVE DETAILS

Project Name

Project Start Date: (mm/dd/yyyy)

Project End Date: (mm/dd/yyyy)

Where will the project be located?

Any project that includes material changes, modifications, or additions to a third-party property owner's property (not the applicant) requires written approval that must accompany the grant application.

PROJECT DESCRIPTION

Tell us about your project. What will you do? Where? Who are you hoping to reach?

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DECLARATION

I DECLARE THAT:

I AM THE APPLICANT; or
I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING
AUTHORITY FOR THE ABOVE-MENTIONED ORGANIZATION

The information contained in this application are true and accurate and endorsed by the above-mentioned organization.

Signature

Name

Date

The personal information collected is authorized under Section 4(c) of the Protection of Privacy Act and is managed in accordance with the Act. It will be used to administer and evaluate applications to the City's Municipal Grant Funding Program, and may also be used to verify eligibility, determine funding levels and for ongoing program administration. If you have questions about the collection or use of your personal information, please contact the Privacy Officer at 780-929-8782