



Muskingum Watershed Conservancy Foundation
GRANT
APPLICATION/AGREEMENT

PROJECT OR PROGRAM NAME _____

CONTACT INFORMATION

Agency or Group Name			
Address			
City/State/Zip			
Phone		Fax	
Primary Contact		Title	
Phone		Email	

PROJECT OR PROGRAM DESCRIPTION

Please provide a brief description of your project or program in the space below (attach additional sheets if necessary).

JUSTIFICATION

Why is your project/program needed? What problem will be solved? (attach additional sheets if necessary)

BUDGET INFORMATION

Please provide a detailed budget estimate for your project/program. (attach additional sheets if necessary)

Item	Cash Match	In-Kind Match	Other Grants	MWCF Grant Request	Total	Comments
Totals						

PARTNERSHIPS

Briefly describe the role, if any, partnerships will play in the success of your project/program. (attach additional sheets if necessary)

TARGET AUDIENCE

Who, or what user groups will benefit from the project, or attend the program? (attach additional sheets if necessary)

PROJECT/PROGRAM SCHEDULE

Project/Program will begin _____

Proposed completion date _____

ADDITIONAL INFORMATION

Please include any additional information you feel may be relevant to your application.

The Applicant agrees to:

- 1) Use all funds received from the Muskingum Watershed Conservancy Foundation (Foundation) towards the completion of the project or program described in this application.
- 2) Provide a full accounting of expenditures to the Foundation within thirty (30) days of completion of the project or program, including copies of all invoices and checks.
- 3) Return any unused Foundation funds upon receipt of invoice unless the use of such funds for a qualifying purpose is approved, in writing, by the Foundation.
- 4) Submit a report to the Foundation, upon request, detailing results of the project or program.
- 5) Acknowledge the contribution of the Foundation in all publicity concerning the project or program, and, if applicable, through the installation of recognition signage provided through this grant.

Printed Name of Person Completing application

Title

Signature

Date

SUBMIT ALL APPLICATION MATERIALS AND DIRECT ALL INQUIRES TO:

John Olivier, Development Coordinator
Muskingum Watershed Conservancy Foundation
1319 Third Street NW • P.O. Box 349
New Philadelphia, OH 44663-0349
Phone (330) 343-6647, extension 2255
Fax (330) 364-4161
Email jolivier@mwcd.org

FOUNDATION USE ONLY

Date Application Received:	Application Denied:
Date Application Reviewed:	Application Approved:

Comments

Documentation required for reimbursement received on:

Check Number _____

Amount of Check _____

Issue Date _____