



*Muskingum Watershed Conservancy Foundation*  
**GRANT APPLICATION**

**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:**

Nick Lautzenheiser, Development Coordinator  
*Muskingum Watershed Conservancy Foundation*  
1319 Third Street NW • P.O. Box 349  
New Philadelphia, OH 44663-0349  
Phone (330) 556-4831  
Fax (330) 364-4161  
Email [nick@mwcd.org](mailto:nick@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 \_\_\_\_\_