



Muskingum Watershed Conservancy Foundation

Mini Grant Program Application
MWCD Youth Camps

Camp: _____

Project Name: _____

Total Project Cost: _____ Amount Requested: _____

CONTACT INFORMATION

Project Coordinator: _____ Title: _____

Phone: _____ Email: _____

PROJECT OR PROGRAM DESCRIPTION

Provide a brief description of your project or program in the space below. Attach additional sheets, if necessary.

OBJECTIVES/ACTIVITIES

Briefly state goals, dates and procedures. Attach additional sheets, if necessary.

EVALUATION/RESULTS

How will project performance be assessed. Attach additional sheets, if necessary.

Total Individuals Benefitting from this Grant : _____

PROJECT BUDGET

Item	Local Match	MWCF Grant Request	Total
TOTALS			

PROJECT/PROGRAM SCHEDULE

Begin Date: _____ Completion Date: _____

Printed Name of Person Completing Application

Title

Signature

Date

Submit all applications materials and direct all inquiries to:
Nick Lautzenheiser, Development Coordinator | (330) 556-4831 | nick@mwcd.org
Muskingum Watershed Conservancy Foundation | P.O. Box 349 | New Philadelphia, Ohio 44663