



# MAQUOKETA AREA COMMUNITY FOUNDATION

*...supporting area communities*

## 2010 GRANT REQUEST APPLICATION

**INSTRUCTIONS:** Please submit the completed grant application to the Foundation. Incomplete applications will not be considered. Please keep your application to two pages, excluding plans and budget. Organizations may request funding once per calendar year, so please make sure you are requesting for your organization's greatest need.

2010 grant deadlines: March 1, June 1, September 1 and November 1.

Organization Name: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Project title: \_\_\_\_\_

Type of request:     New Project             Enhancement/expansion/continuation of existing project  
 General Operations     Capital (building)     Equipment/Materials     Other: \_\_\_\_\_

Amount requested: \_\_\_\_\_ Total cost of project: \_\_\_\_\_

When are funds needed: \_\_\_\_\_

Please indicate amounts requested/received from other sources: \_\_\_\_\_

If not funded by MACF, how will this project be funded? \_\_\_\_\_

Population served: (please estimate numbers served, if known)  
 General Public \_\_\_\_\_     Children/Youth \_\_\_\_\_     Adults \_\_\_\_\_     Elderly \_\_\_\_\_

Geographic area to be served: \_\_\_\_\_

Organization's Board Members (list or attach): \_\_\_\_\_

**Project description/timeline:**

**Why is this project needed:**

**Please use this space to provide information about your proposal that might not have been addressed in the space above.**

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**OFFICE:**      Approved (Date/Amount): \_\_\_\_\_

Denied (Date):      \_\_\_\_\_

*(Revised 2/2010)*