

MORGAN DAF GRANT APPLICATION

Date Submitted _____

Applicant Name: _____

Email: _____

Mailing Address: _____

Are you a Morgan County Resident? ____

Phone Number: _____

Organization Affiliated With The Application (if none leave blank) _____

Have you spoken with a Morgan DAF Board Member? _____ If Yes, who? ____

How did you hear about the Morgan DAF? _____

Describe the purpose of the grant including who will benefit, how will the grant be spent, and how you proposed being involved with the grant? (one or two paragraphs maximum) –

How much is the requested grant & describe how the money would be budgeted?
Include if the grant would be funded at inception or over a period of time. (one paragraph)

How does the application meet the goals of the Morgan DAF Mission Statement? (see mission statement on the MorganDAF.com website)

Are you related or in business with anyone within the Morgan DAF? Any other conflicts of interest?

Attachments. If you have any material such as a operating plan, organization background, project budget, or any other helpful material, please attach below.

Is the grant going to registered 501c3 non – profit or government organization? If so, Identify .