

Friends of Clare County Parks & Recreation
Grant Application



Support. Develop. Contribute.

Organization Information

Legal name of organization: _____

Project supervisor name & title: _____

Mailing address: _____

EID# (if applicable): _____ Organization telephone number: _____

Project Information

Project name: _____

Contact person for request: _____

Contact Title: _____

Contact Email: _____

Contact Telephone: _____

Amount Requesting: _____ Total Project Cost: _____

Project Start Date: _____ Project End Date: _____

Project Summary:

Additional information:

