

Unmet Need(s)/Use of Funds

Briefly describe the use of funds or the unmet need(s) and how these funds can assist in meeting the need(s).

Impact of Funds

Briefly describe the impact/benefit these funds will have in Marquette County.

Additional Information

Describe additional information that may assist us in evaluating this need

Allocation of Funds Requested (\$1,500 total)

Budget Item Name:	Amount:
Budget Item Name:	Amount:
Budget Item Name:	Amount:
	Total: \$1,500

I understand that the project cost above the amount of the award is the responsibility of the organization and the funds granted will be used for the above stated purpose.

By entering my name below, I certify that my organization's leader is aware and in support of my application submission.

Submitter's Name:

Signature:

Date:

Supervisor's Name:

Title: