



Christmas
in
St. Michaels

GRANT APPLICATION FORM

Applicant Organization Name: _____

Mailing Address: _____

Contact Name: _____ **Title:** _____

Phone No. _____ **Fax No.** _____

e-mail address: _____

Website: _____

Overview of applicant organization: *Brief information about your organization including background and purpose. (Attach no more than one additional page)*

Program for which you are requesting grant money: *Describe the specific program or project to be funded.*

Expected outcome of funded project: *How will your project, if funded, benefit the St. Michaels community?*

Amount being requested: \$ _____

Total budget needed to complete project : _____

Date by which funds will be needed: _____

Timetable for use of funds and program implementation:

Other funders from whom you are seeking funding for the same project:

What will you do if the full amount of your budget is not raised:

How will you recognize *Christmas in St. Michaels* as a funder of your project?

Please review the following checklist. All required information MUST be attached to this application.

- Completed grant Request Form (pages 1&2)
- A copy of your current annual report and current operating budget
- A copy of the project budget for which this grant will apply
- A list of your current Board of Directors, including titles, addresses, telephone numbers and e-mail addresses
- A copy of your prior year tax return, if applicable

Mail entire package to:

**Christmas in St. Michaels
PO Box 873
St. Michaels, MD. 21663**

DEADLINE FOR ALL APPLICATIONS IS NOVEMBER 1st, 2012