



**Marquette County**  
community foundation

**Grant Application Cover Sheet**

Date of Application: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Year Founded: \_\_\_\_\_

Current Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
*(If other than Executive Director)*

Phone Number: \_\_\_\_\_

Street Address *(principal/administrative office)* \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Please list any previous support from the Marquette County Community Foundation or its affiliates including: the Greater Ishpeming Area Community Fund and Youth Advisory Council, the Negaunee Area Community Fund and Youth Advisory Council, the Gwinn Area Community Fund or the Marquette Youth Advisory Council.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Proposed Project: _____
Purpose of the Grant: _____
Dates of Project: _____ Amount Requested: _____ Total Project Cost: _____
Geographic Area Served: _____

\_\_\_\_\_  
Signature, Chairperson of the Board of Directors Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature, Executive Director Date

\_\_\_\_\_  
Typed Name

**Please provide a copy of the organizations 501c3 designation letter with application  
Email Coversheet and Grant Application to [caroletouchinski@charterinternet.com](mailto:caroletouchinski@charterinternet.com)**