

Grant Application Form



44257 Fair Oaks Drive Canton, Michigan 48187-3245
734-635-8434

Bridgeinternational3@gmail.com
www.bridge-communities.org

Date: _____

Name: _____
(Applying Organization)

Address: _____

Telephone: _____ Email: _____

Name of person completing the application: _____

Is this person the organization's contact for this grant? Yes ___ No ___

If no, who will be the contact person: _____

Telephone: _____ Email: _____

Amount requested in this application: _____ USD

Date Program will Start: _____ Concluded: _____

Will you be able to accept direct wired funds in the name of your organization?
Yes ___ No ___

Do you accept that funds if awarded may only be spent in the furtherance of the items described in this grant application?

Yes ____ No ____

Do you accept that you are required to submit a complete report/statement of expenditures at the end of the project? Any funds not spent must be returned to Bridging International Communities within 60 days of the completion date?

Yes ____ No ____

Do you understand that acceptance of this application and its approval is contingent upon Bridging International Communities being able to raise funds to make the grant request? No assurances are being given by Bridging International Communities upon acceptance or approval of this application that funds will be available before any set date?

Yes ____ No ____

Write a brief description of what the funds from this application will be used for:

Write a brief plan explaining how this program will be made self sustaining if this grant is approved and the project completed:

Signature of person completing the application.

By signing this application, I also certify that I have the legal authority to make this application on behalf of the organization named above.