

SAMMI MORROW MEMORIAL GRANT APPLICATION

Date of application: _____ Application submitted to: _____

Organization Information

Name of organization		Legal name, if different	
Address	City, State, Zip	Employer Identification Number (EIN)	
Phone	Fax	Web site	
Name of top paid staff	Title	Phone	E-mail
Name of contact person regarding this application	Title	Phone	E-mail

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No
If no, is your organization a public agency/unit of government? _____ Yes _____ No

Proposal Information

Please give a 2-3 sentence summary of your camp:

Number of Children Attending each year: _____ Geographic area served: _____

Funds are being requested for (check one) *Note: Please be sure funder provides the type of support you are requesting.*

_____ General operating support	_____ Start-up costs	_____ Medical
_____ Project/program support	_____ Camp Equipment	_____ Other (list) _____

Camp dates: _____ Fiscal year end: _____

Budget

Dollar amount requested: \$ _____
Date funds needed by: _____
Total camp budget: \$ _____

Authorization

Name and title of requesting staff member: _____
Signature _____

PLEASE RETURN COMPLETED FORM TO:
BENEFIT4KIDS
7161 McDONALD STREET
HARSENS ISLAND, MI 48028