





Organization		Funding	required for project
Name		Grant	\$
Address		Matching	\$
City/Zip		Total	\$
FEIN#			
DUNS#			
Project Director	Authorizing Offic	ial	
Name/Title	Name/Title		
Address	Address		
City/Zip	City/Zip		
Phone Fax	Phone	Fax	x
E-mail	E-mail		
Authorizing Official Signature Sign here!			
Project description			
Title of Project			
Starting Date	Ending Date		_

Summary Statement Briefly summarize the nature and purpose of the project you propose for funding. State the programmatic and financial need.

CHECKLIST

This checklist is designed to assist you in the preparation of your application. Do not submit with your final application

1. Read Grant Guidelines (pp. 2-6)? 2. Read Grant Application Instructions (pp. 7-10)? 3. Complete Grant Summary Page (p. 11)? 4. Sign the form (p. 11)? 5. Complete Budget Form? 6. Attach Grant Application Narrative?	Did you	
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Questions? Contact: Mark Harvey	6. Attach Grant Application Narrative?	
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Archives of Michigan 702 W Kalamazoo Street	_	

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