Thornapple Area Enrichment Foundation Grant Application

Please indicate:	☐ Mini Grant (S	\$50.00-\$300.00)	☐ Grant (\$301.00-\$5,	000.00)
Name of Applican	nt/Group		Date:	
Contact Person: _		Phone:	E-mail:	
Mailing Address:_				
Project Name:				
timeline of the pro	oject)	_	cipants, materials needed, a	
Total Cost of Proj	ect: \$			
Grant Amount Re	quested: \$			
Projected Budget	(please attach an ite	emized budget):		
				······································
How does the App	plicant plan to finan	ce the balance of the	Project?	

How did you hear of our organization and its grant giving process?
• If granted amount is not used within 9 months, that amount will be refunded back to the Thornapple Area Enrichment Foundation.
• If awarded a Thornapple Area Enrichment Foundation grant will your group/individual agree to a news release regarding the award?
Please sign:
Submit Application to:
Thornapple Area Enrichment Foundation C/O Barry Community Foundation 231 South Broadway
Hastings, MI 49058
email: taef@barrycf.org.