

MOT Community Fund

GRANT APPLICATION

Name of Organization or Self: _____

If Organization - Point of Contact: _____

Address: _____

Non-Profit: YES NO EIN: _____

Grant Amount Requested: _____ Date: _____

Reason for Request: _____

Have other means of support available? YES NO

If yes, what support is available? _____

Comments: _____

MOT Community Fund Approval:

Grant Amount Approved: _____ Safety Net: Yes / No

Title: _____ Signature: _____ Date: _____

Title: _____ Signature: _____ Date: _____

Title: _____ Signature: _____ Date: _____