

# GRANT REQUEST FORM

**Submit completed form to:  
Morrie Miller Athletic Foundation  
580 East Front Street  
Winona, MN 55987**

**A. DATE:** \_\_\_\_\_

**B. ORGANIZATIONAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

History of Previous Support from Morrie Miller Athletic Foundation: \_\_\_\_\_

\_\_\_\_\_

**C. PROJECT TYPE:** \_\_\_\_\_

**D. PROJECT TITLE:** \_\_\_\_\_

**E. GRANT REQUEST:**

Amount of Funding Requested: \$ \_\_\_\_\_ Total Project Budget: \$ \_\_\_\_\_

**F. PROJECT GOALS:**

**G. TARGET GROUPS SERVED:**

**H. ANTICIPATED RESULTS:**

**I. SCHEDULE FOR IMPLEMENTATION/COMPLETION DATE:**

**J. SUMMARY:**

1. This grant request (has) (has not) been submitted to another source for funding.  
If yes, please detail other source(s):

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2. Will this program be implemented if it does not receive a grant from the Morrie Miller Athletic Foundation?     Yes     No

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I / We certify the information submitted is true and correct to the best of my / our knowledge. I / We acknowledge if a grant is provided by the Morrie Miller Athletic Foundation I / we will provide Quarterly Project Reports, as specified, to the Morrie Miller Athletic Foundation.

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Name & Title

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Name & Title