WYCKOFF MUNICIPAL ALLIANCE
GRANT REQUEST FORM

This form is to be completed and accompany **a municipal purchase order** request form. Any letters describing the initiative is to be attached as well. Receipts for monies spent should also be turned in, either before or after the event.

Program to be funded: _____
Name of project request is made for (i.e DARE, 8th Grade Dance, Senior Dance, etc.)

Program Leader(s): _____
Names and ***phone numbers*** of those running the program.

Target Audience: _____
Age range of people targeted for this program. Grades, if students involved. Plus total number of people expected.

Amount requested: $**_____ **$_____
The amount you believe you require from the funding source. All may not be available. Approved (WMA only)

Dates of Program: _____ _____
Date(s) of performance or use of resources. Name to appear on check, if approved:

Services Provided: _____
These include facilities and equipment (rooms, machines used, etc.), personnel involved on voluntary basis and estimate of hours volunteered.

Describe the program and what is hoped to be achieved. Please include other sources of income for the event or in-kind donations.

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Describe how you plan to evaluate the effectiveness of the program. Use reverse side for more space.

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_____ _____
Signature of person submitting the form **Date**