

THE WILCOX FOUNDATION GRANT APPLICATION

Individual

Name of Applicant: _____ Date: _____

Address: _____ Phone: _____

Email: _____

Amount of grant request: \$ _____ **Total cost of Program/Project:** \$ _____

How will the balance, if any, be funded: _____

Briefly describe the Program/Project to be funded: _____

Briefly describe how the Program/Project furthers the purposes of the Wilcox Foundation:

How will the value/results of the grant funding be measured? _____

CERTIFICATION:

The undersigned Applicant certifies that: 1) the information herein is true and correct; 2) Applicant grants the Foundation the right to publicly disclose the Applicant's name, grant amount and the its purposes; and, 3) the Applicant will submit a financial Report detailing the items on which the grant funds were expended, once all funds have been disbursed.

Applicant signature: _____

Printed Name: _____

For additional information about the Foundation, see our website at www.wilcoxfoundation.org.

Submit signed Application to the Wilcox Foundation, in care of: Dan Herriman, 41486 Wilcox Road, Plymouth, MI 48170, 734-459-5440, email: dherriman@herriman.net, or Win Schrader, 1345 Park Place, Plymouth, MI 48170, 734-355-0533, winschrader@earthlink.net.