

Washington County Association for the Mentally Handicapped Legacy Fund Grant Application



Let's Do Some Good Today!

Personal Information

Full Name:	<input type="text"/>	Title	<input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>	Phone:	<input type="text"/>
Project/Event Title	<input type="text"/>		

Project Description: Please attach a brief explanation describing the project and how it will benefit the client. Please include how this project will be implemented, staff or volunteer involvement and experience, location and collaboration (if any) with other organizations.

Total Project Budget:	<input type="text"/>	Requested Amount:	<input type="text"/>
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Please provide an assessment of other available resources:

How does this program meet the states objectives of the fund?

Check One:

- ☐ Send check to Marion County Exceptional Adult Association
- ☐ Other Payment (please provide instructions)

<input type="text"/>	<input type="text"/>
Signature of Applicant and Title	Date
<input type="text"/>	<input type="text"/>
Signature of Supervisor	Date