

Madison Street Festival Grant Application

*Please submit your entry form by September 4
By mail to: P.O. Box 1037, Madison AL. 35758*

Group or Organization applying for grant: _____

Name of individual completing application: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Use the space below to briefly tell MSF about your organization:

Amount requested: _____

Approximate date funds will be used: _____

Use the space below to describe your proposed project and how this project will help your group or organization achieve its goals or fulfill its mission statement. Be as detailed as possible. Additional sheets can be added if needed.

**FY 2009
Madison Street Festival
Grant Project Completion/Status Form**

This form needs to be submitted when the project is complete. Additional sheets may be added if needed. Please include the following information:

Briefly describe the work performed with this award.

Describe any differences between the planned and actual results of the project.

Attach any receipts associated with project.

Briefly describe the project and results.

List All Participating Partners (organization names and/or number and types of individuals):

Certification of Project Completion from Group/Organization Leader and Grant Applicant's name: We certify that the aforementioned project was successfully completed and consistent with the original grant request.

Group/Organization Leader

Date

Typed Name

Title

Applicant Name

Date

Typed Name

Title