



GRANT PROPOSAL FORM

Conservation, Education, Hunting Heritage & Outreach

DEADLINE: MARCH 31

9300 Lahring Rd. • Gaines, MI 48463
313-418-8883
www.passingalongtheheritage.com

Project Title: _____

Date Submitted: _____ Date of Event: _____

Project Location: _____

Project Summary:

Has your organization received previous support: Yes No

If yes, date(s): _____ Amount(s): _____

Is your organization an IRS Tax Exempt 501(c)3: Yes No

If yes, please provide number: _____

If no, is there a different tax exempt status: Yes No

If yes, please provide number: _____

Does your organization charge a fee to participate: Yes No

Where can the public get more information: _____

How will PATH be recognized: _____

BUDGET: SPECIFICALLY DESCRIBE HOW PATH FUNDS WILL BE USED	AMOUNT

OTHER PROJECT CONTRIBUTORS	AMOUNT

Submitted by: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Contact Phone: _____ E-Mail Address: _____

Project Leader (if different): _____

Street Address: _____

City/State/Zip: _____

Contact Phone: _____ E-Mail Address: _____

Date funds are needed: _____

Make check payable to (no abbreviations): _____

Attention: _____

Street Address: _____

City/State/Zip: _____

By signing this form, I acknowledge that if the applying organization receives a grant from The PATH Foundation, a Project Completion Report will be filled out and returned to PATH within 90 days of the project or activity end date.

Applicant Signature: _____ Date: _____

INTERNAL PATH FOUNDATION USE ONLY

Date Approved: _____
Dollar Amount Approved: _____
Authorized Signature: _____

**AFTER COMPLETING THE APPLICATION,
SIGN AND MAIL IT BY MARCH 31 TO:
The PATH Foundation
9300 Lahring Road
Gaines, MI 48463**