



## Marquette-Adams Telephone Cooperative Grant Application Form

Your Organization's Name: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requested Grant Amount: \_\_\_\_\_

On a separate form, please write up a summary to include the following information:

1. Summarize your organization's mission statement, current programs and the benefits of the organization to the broad community.
2. Describe the major goals, purpose, and objectives of the project/campaign for which these funds are requested.  
***(Please provide price quotes for any specific items or services you wish to purchase with the requested funds)***
3. Provide a list of specific, measurable ways in which the grant is projected to benefit the community. Please include any new employment positions that this proposed endeavor would create.

Submitted by: \_\_\_\_\_  
(Print full name and title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*Once completed, you may return this form and summary to Patrick Scully at Marquette-Adams for evaluation:*

*info@marquetteadams.com*

*113 N. Oxford St.  
PO Box 45  
Oxford, WI 53952  
Attn: Shay Jilek*