



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 Shay Jilek at Marquette-Adams for evaluation:

info@marquetteadams.com

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