

GRANT REQUEST FORM

Funds Review and Use Committee (FRAUC)
Baltimore Monthly Meeting of Friends, Stony Run

1 - Requested grant will benefit:

Name(s) _____

Address _____

2 - Stony Run member/attender making request and his/her involvement with organization/project:

Name _____ Phone _____

Email _____

Relationship to grantee _____

3 - Brief description of program/project including targeted group, objectives, and/or benefits:

4 - Program/project time frame _____

5 - Project Total Budget (materials, equipment, services, etc.) \$ _____ **Attach itemized budget**

6 - Amount requested from FRAUC \$ _____ **Check needed by (date)** _____

Check to be made out to _____

Address _____

7 - List other funders approached, amounts requested, status of requests:

Organization _____ Amount \$ _____ Status _____

Organization _____ Amount \$ _____ Status _____

Organization _____ Amount \$ _____ Status _____

8 - Signature of Requester _____ **Date** _____

Please attach any other pertinent information and all supporting documentation and return to:

**Clerk, Funds Review and Use Committee
Baltimore Monthly Meeting of Friends--Stony Run
5116 North Charles Street
Baltimore, MD 21210-2021**