

DART FOUNDATION
Grant Application
SHORT FORM

Organization

Name _____
Address _____
City _____
State _____ Zip _____
IRS Determination _____ Type _____

Contact

Name _____
Title _____
Phone _____
Email _____
Other Info _____

Amount Requested _____
Purpose of Grant _____
Date Needed _____

Project Summary

In a half page, summarize why your organization is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

Please send to the **Dart Foundation, 500 Hogsback Road, Mason, MI 48854.**
Questions may be directed to Claudia Deschaine, Grants Manager, at 517-244-2190.