



THE BROOKSIE WAY MINIGRANTS

HONORING THE MEMORY OF
BROOKS STUART PATTERSON

EVERYONE DESERVES A CHANCE TO REACH THEIR FULL POTENTIAL



APPLICATION FOR PROJECT SUPPORT

Please limit your typed responses to the space allowed.

I. AGENCY INFORMATION

Name of Organization:

Mailing Address:

Contact Person:

Telephone - Day: Evening:

Email Address:

II. PROGRAM DESCRIPTION

Program Title:

Program Dates:

Exact Project Location:*

* Program must take place within Oakland County

Grant Amount Your Organization is Requesting: \$

Program Description (Who, What, When, Where, Why and How):

Describe your plans for publicity and promotion of this program.

III. PROGRAM OBJECTIVES

What do you hope to accomplish?

List the methods of evaluation that will be used for this program.

IV. REQUIRED ATTACHMENTS (Check as attached)

Attachment #1:	Budget
Attachment #2:	Organizational Profile – History, Mission and Community (no more than 1 page)

V. CERTIFICATION

I, as leader of this organization, certify the filing of this application.

Name: Title:

Signature: Date:

Mail the ***original*** application, plus ***5 copies*** to:

Brooksie Way Minigrant
Attn: Kristie Everett Zamora
2100 Pontiac Lake Road
Waterford, Michigan 48328-0414