



A final report on how the funds were utilized must be prepared and returned to the FMCC within 30 days of receipt of funds

**The Foundation for Mott Community College
Mini Grant Award Application**

Please type or print your responses:

Employee Name: _____ Date of Request: _____

Department/Division _____ Phone/Ext. _____

Amount Requested _____

Account Number: _____

(account number to transfer funds; if request is approved/need all 12 digits)

Nature of Request (Explain): _____

How will this benefit the College, Self and/or Organization: _____

What other College funds have you requested: _____

What external funds will you receive to meet the needs of this request? List source(s) and amount received.

Please attach:

- a. An itemized list detailing the expenses related to your need
- b. An advance copy of program, summary, brochure or any document to support this request.

NOTE: There may be a possibility that you will be asked to make a presentation to the Foundation for Mott Community College Board of Directors on how the funding was used and the outcome. You will be notified by the President of the Foundation if a desired presentation is requested.

Signature of Applicant

Cost Center Manager Approval: _____

Executive Cabinet Member Approval: _____

(office use only)

Recommendation: Approval Date: _____

Denial Date: _____

Date: _____

Executive Director

Comments:
