



2010 - 2011 Volunteer Michigan Title Page

Name of Applicant Organization (Volunteer Connector):

Contact Person:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Which of the following priorities does the proposed application address? SELECT ONE

Health

Public Safety

EIN/Federal Identification Number:

Michigan and US Congressional Districts:

Michigan Senate District of area served:

Michigan House District of area served:

US Congressional District of area served:

Budget:

MCSC Share Requested:

Grantee Share:

TOTAL BUDGET:

Certification: The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct and that the filling of the application has been duly authorized by the governing body of the applicant.

Name: _____ **Signature:** _____

Title: _____ **Date:** _____