

WCMGA External Grant Review Form

Version 9/2/14

Complete Form through Cost Sharing section. Attach copy of program guidelines and forward to Director 4

Funding Agency/Organization:	
Grant Program Name:	
Brief Summary of Purpose of the Grant. Include description of funding items to be included in budget request (4-6 sentences) :	
Grant Lead Person Responsible for Overseeing Grant (Name) Phone # _____ e-mail: _____	
Person responsible for Grant Accounting and Financial Reporting: (Name) Phone# _____ e-mail _____	
Proposed Start Date (/ /)	Proposed End Date (/ /)
Total Funds Requested : \$	
Cost Sharing by WCMGA Yes ___ (If yes, Explain Below) No ___	
Grants greater than \$2000 or with matching funds require Board approval before submission. Submission Approved by Board : Yes ___ No ___ Not Required ___ (if not required send form to Director 4) Or, Grants \$2000 or less with no matching funds require Fundraising Committee approval before submission. Submission approved by Fundraising Committee : Yes ___ No ___	
WCMGA President Signature for Board Approval	Date:
<u>Or,</u> Director 4 Signature for Fundraising Committee Approval:	Date:

- Send a signed copy to WCMGA Treasurer
- Send a signed copy to Grant Lead