



CELEBRATE MILWAUKIE Inc.

Providing An Avenue To Support Projects In The Milwaukie Area

GRANT PROGRAM APPLICATION

DATE: _____

PROJECT: _____

ORGANIZATION: _____

SERVICES YOUR ORGANIZATION WILL PROVIDE TO THE COMMUNITY: _____

PROJECT CONTACT: _____

PHONE: _____ ALTERNATE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

AMOUNT REQUESTED: _____

PLEASE DESCRIBE THE USE OF THE GRANT: _____

PROJECT TIMEFRAME: _____

APPLICANT'S SIGNATURE: _____ TITLE: _____ DATE: _____

Send completed form to:

CELEBRATE MILWAUKIE INC.

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Portland, OR. 97269

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WWW.CELEBRATEMILWAUKIE.ORG