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GRANT APPLICATION FORM

Date: _____

Name of Employee: _____

Building: _____

Name of Grant: _____

Brief Narrative of Grant Application: _____

Term of Grant: _____

Matching Funds? YES _____ NO _____

Total Monetary Request: _____

Building Administrator Approval: _____

Supervisor Approval: _____

** Denied: _____

Executive Director of Operations Approval: _____

**If denied, provide reason and send back to Employee, and copy to Mr. Brokman.

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