

Friends of Clare County Parks & Recreation  
Grant Application



Organization Information

Legal name of organization:

Project supervisor name & title:

Mailing address:

EID# (if applicable):  Organization telephone number:

Project Information

Project name:

Contact person for request:

Contact Title:

Contact Email:

Contact Telephone:

Amount Requesting:  Total Project Cost:

Project Start Date:  Project End Date:

Project Summary:

Additional information:

Friends of Clare County Parks & Recreation  
P.O. Box 274, Clare, Michigan 48617  
Email Joy Simmer @ [jsimmer@cityofclare.gov](mailto:jsimmer@cityofclare.gov)  
[clarecountyrecreation.org](http://clarecountyrecreation.org)