



Request for Funding Trail Project

Organization Name: _____

Contact Person: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Is this a Michigan Horse Council Member organization? Yes ___ No ___

What is the primary purpose of your organization?

What is your Non-Profit ID? _____

Have you requested funding previously? Yes ___ No ___ If yes, what year? _____

Did you receive funding? Yes ___ No ___ If yes, how much? _____

Is this a matched funds request? Yes ___ No ___

What is the project to be considered?

When are the funds needed?

To whom should the check be written out to?

Do we have permission to promote the funding event via our Horse Expo, Facebook pages and Website? Yes ___ No ___

Photos of completed project required.

(If possible before & after so we can add it to the website!)

Once filled out online, please download and submit to Trails Chairperson.