

I. Organizational Information:

A. Brief History of Organization _____

B. Statement of Mission and Goals _____

C. Description of current quilting/sewing programs (if any)

a. Person in charge of program _____

b. Contact information

- phone: _____

- email: _____

c. # of participants on an annual basis _____

II. SPECIFIC REQUEST FOR GRANT

A. Amount requested _____

B. Description of program or activities planned. Please include how the dollars requested will support the program. _____

C. When will this program begin? _____

D. Who will run the program? (paid staff/volunteers/etc). Please give name(s) and contact information. _____

E. Do you have space to run the program? Please describe. _____

F. Do you have sewing machines, quilting tools and supplies? _____

Submit completed application via email to Margaret Reek mmr-gvqc@cs.rit.edu

If you have questions, please contact Margaret at 585-293-3241 or via email.