



Primary Applying Organization: _____

Primary Contact

First Name: _____ **Last Name:** _____

Job Title: _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone: _____ **Email:** _____

Organization Profile

Is the primary organization a non-profit / not for profit? Yes / No

Have you submitted for a MAGIC Grant Before? Yes / No

Have you been awarded a MAGIC Grant before? Yes / No

Are you willing to share the results / products of this grant with the MAGIC Region? Yes / No

Is your home state's Geographic Information authority aware of your grant application? (*Geographic Information Officer, Coordinator, Council*) Yes / No

Preference will be given to those who include a letter from the home state's Geographic Information authority endorsing the project.

Cost Sharing

Will any other organizations provide cost sharing in this grant? Yes / No

How many other organizations will provide cost sharing in this grant ? _____

If other organizations will provide cost sharing what percentage will they match? _____

Please supply separate letters of commitment for each cost sharing organization committing match funds.

Grant Abstract

Please submit a one page single spaced grant abstract regarding how you will utilize the funds associated with being awarded the 2017-2018 MAGIC grant. Please include the limitations you currently have due to the lack of funds, and how the grant will benefit your organization and the MAGIC Region.

Please submit all you required materials to the following address no later than **September 15, 2017**

Charles Brady III
23 S Washington
Ardmore, OK 73401
cbrady@ardmorecity.org

Grant Amount Requested: \$ _____
Maximum of \$5,000 per grant