

Mid-Michigan Library League

Tel (231) 775-3037
Fax (231) 775-1749

201 N. Mitchell St., Suite 302
Cadillac, MI 49601

www.mml.org
smase@mml.org



Library Service Expansion & Mini-Grant Program **Choice 1: One-time event cost support (up to \$250)** ***Application***

Please complete the requested information. You may apply only once during this grant period, choosing one of the two grant categories. Funds are reimbursed to the library, not to individuals.

Choice 1: One-time event cost support (up to \$250)

Name: _____

Library Affiliation: _____

Position Title: _____ Phone: _____

Email Address: _____

*****Amount Requested:** _____

1. **WHO** is the funding for? _____

2. **WHAT** is the funding for? _____

3. **WHEN** will funding be used? _____

4. **HOW MUCH** of the total cost of the one-time event are you asking us to cover? **WHAT** is the total cost, and **HOW** will you cover the amount in excess of the funding request? _____

5. **WHY** should we fund your application and **WHAT** impact will this project have on your community?
