



Higgins Lake Foundation

P. O. Box 753, Roscommon, MI 48653

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www.higginslake-foundation.org

GRANT APPLICATION

Our Mission: To preserve the natural beauty of Higgins Lake and to enhance the quality of the lake and its watershed.

Date of Grant Application: _____

Legal Name of Organization: _____

Executive Director: _____

Project Contact Person and title: _____

Address: _____

City/State/Zip: _____

Phone: _____ *Fax:* _____

e-mail: _____ *website:* _____

Project Name: _____

Purpose of Grant: _____
(provide detailed attachment)

Dates of project: _____

Amount requested: \$ _____ *Total project cost: \$* _____

Breakdown of expenditures: (please attach budget)

List other grants/donors for project: _____

List any previous grants form Higgins Lake Foundation: _____

Report of project completion will be submitted to HLF.

Signature, project contact: _____

Typed name and title: _____