

# Mission Mini-Grant Matching Program (MMP)

## Application Form

### ***Group Information***

Group Name:	
Primary Contact Name:	
Email:	
Phone:	
Soapstone Member/Constituent Name:	

### ***Project Information***

Project Title:

Brief Description of the Mission Project:

Who will benefit from this project? (Explain how more than one person is impacted.)

Does this project offer opportunities for future or continued engagement?

### ***Funding & Fundraising***

Amount requested (up to \$250):

Describe how your group will raise or provide matching funds:

### ***Follow-Up Commitment***

Applicants agree to submit an after-action report within six (6) months of receiving funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit completed applications to the Soapstone Mission Committee*