



# Michigan Radiological Society Foundation Application for Funding

Date of Application: \_\_\_\_\_

## Organization Information

Name of Organization		Legal Name, if different	
Address		City	State    Zip
Phone	Fax	Web Site Address	
Name of Contact	Title	Phone	Email Address
Name of Board Chairman, President, or Officer	Title	Phone	Email Address

## Proposal Information

Please construct a 3-4 sentence summary of the request.

Funds are being requested for (check the one or more that best fits your program or project):

- General                       Operating Support                       Start Up Costs                       Capital  
 Program/Project Support     Technical Assistance                       Equipment  
 Other (please specify) \_\_\_\_\_

Project Dates: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

## Budget

Dollar amount requested                      \$ \_\_\_\_\_  
Total Annual Organization Budget (copy attached)                      \$ \_\_\_\_\_  
Total Program or Project Budget (copy attached)                      \$ \_\_\_\_\_

## Authorization

Name of Board Chairman, President of Presiding Officer: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_