# Micro Grant Meade Application

## Applicant Details

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| --- | --- | --- | --- | --- | --- |
| Member Name: |  | Current Member Y/N: |  |  |  |

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| Amount applied for: |  |
| Will this benefit Meade County? |  |

## Program Information

Please provide a full overview of how you would use the grant funds with budget breakdown and the approximate number of individuals your program would impact. Also, please detail any other organizations that would benefit from this funding.