



**Primary Applying Organization:** \_\_\_\_\_

*Primary Contact*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Organization Profile*

**Is the primary organization a non-profit / not for profit?** Yes / No

**Have you submitted for a MAGIC Grant Before?** Yes / No

**Have you been awarded a MAGIC Grant before?** Yes / No

**Are you willing to share the results / products of this grant with the MAGIC Region?** Yes / No

**Is your home state's Geographic Information authority aware of your grant application? (*Geographic Information Officer, Coordinator, Council*)** Yes / No

*Preference will be given to those who include a letter from the home state's Geographic Information authority endorsing the project.*

*Cost Sharing*

**Will any other organizations provide cost sharing in this grant?** Yes / No

**How many other organizations will provide cost sharing in this grant ?** \_\_\_\_\_

**If other organizations will provide cost sharing what percentage will they match?** \_\_\_\_\_

*Please supply separate letters of commitment for each cost sharing organization committing match funds.*

*Grant Abstract*

Please submit a one page single spaced grant abstract regarding how you will utilize the funds associated with being awarded the 2020-2022 MAGIC grant. Please include the limitations you currently have due to the lack of funds, and how the grant will benefit your organization and the MAGIC Region.

Please submit all you required materials to the following address no later than **December 1, 2020**

Charles Brady III  
23 S Washington  
Ardmore, OK 73401  
cbrady@ardmorecity.org

Grant Amount Requested: \$ \_\_\_\_\_  
*Maximum of \$5,000 per grant*