



Community Grant Application

Mishawaka Business Association

320 West Fourth Street
Post Office Box 1999
Mishawaka, Indiana 46546
Tel: 574.259.1833
Fax: 574.259.6313
E-Mail: director@mishawakabusiness.org

Organization: _____
Address: _____

Phone: _____

Submitting Officer: _____
Title: _____

Requested Amount \$ _____
Non-Monetary Request: _____

Reason for Request: _____

Date of Request: _____ Date of Need: _____

Spring Application: Deadline- May 31
 Fall Application: Deadline- November 30

For Office Use Only

Date Received: _____
Date Submitted to Grant Committee: _____

Recommended Action: _____

Board of Directors Decision: _____
Date of Decision: _____
Date Response Sent to Requesting Party: _____ Check Number: _____