

PROJECT CLEAN WATER MICROGRANT APPLICATION



APPLICANT INFORMATION	
Name	
Age	
Email	
Address	
Telephone	

PARENT/GUARDIAN INFORMATION	
If the applicant is under the age of 18, please answer the following questions about the parent or guardian	
Name	
Relationship	
Email	
Address	
Telephone	
Signature	

SPONSORING SCHOOL/ORGANIZATION	
We suggest applicants be connected to a sponsoring school or organization to receive the funds from the microgrant program.	
Name	
Telephone	
Address	
Contact	
Email	

PROJECT CLEAN WATER MICROGRANT APPLICATION



PROJECT INFORMATION

PROJECT SUMMARY

Tell us about your project and why you want to complete it. How do you plan to get the project done? What is the timeline for completing the project? How will we measure the project's success?

--

BUDGET

Tell us how much money you need for your project (maximum \$1,000) and how you plan to use it.

Item	Description	Quantity	Total
TOTAL			

By signing below, I permit my child to participate in the Project Clean Water Microgrant Program under the terms and conditions set forth in this application. I hereby certify that all of the information listed in this application and/or any attachments to this application is true and correct to the best of my knowledge. I acknowledge that all funds my child receives must be used for purposes of fulfilling the goals of the microgrant program. I agree that my child will submit progress and budget reports as requested by Project Clean Water after the grant is received.

Parent or Guardian's Name

Signature

Date

PROJECT CLEAN WATER MICROGRANT APPLICATION



MICROGRANT PHOTO RELEASE FORM

MIG is the marketing consultant contracted to manage the Project Clean Water Public Education Campaign.

I hereby grant MIG permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I hereby irrevocably authorize MIG to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge MIG from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Name

Signature

Date

If under 18, BOTH THE STUDENT AND A PARENT OR GUARDIAN MUST SIGN

Parent or Guardian's Name

Signature

Date