



MAR Foundation Impact Grant Questionnaire

Name of Organization: _____

Main Contact Name: _____

1. What specific project would the Impact Grant support?

2. What city or cities will the project be taking place in?

3. What trackable goals do you wish to achieve with this funding over the next three years?

4. How will you measure success for these funds?

5. Are you willing to provide an annual report to update the MAR Foundation on the use of the funds by providing photos, videos, narratives and presenting at a Foundation Board of Trustees meeting?

Yes No

6. If you are not selected for an Impact Grant, would you like to be considered for an Annual Grant?

Yes No

Please submit questionnaire along with a cover page, common grant application and signed W9.